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TABLE of CONTENTS

ARTICLES

- A Procedure for Pre-Vocational Evaluation 1
Florence S. Cromwell, O.T.R.
- An Activities Program in a Custodial Care Group 5
Mary H. Combs, O.T.R.
- Occupational Therapy in the Therapeutic Community 9
Charles D. Feuss, Jr., M.D.
Jeanne W. Maliby, O.T.R.
- The Writing Device 11
O. Leonard Huddleston, M.D.
William Henderson
John W. Campbell, O.T.R.
- Bending Jigs and Dies 14
Josephine C. Moore, O.T.R.
- Psychological Attributes of Occupational Therapy Crafts.... 16
Philip A. Smith, Ph.D.
Helen S. Barrows, O.T.R.
James N. Whitney
- A Functional Handsplint 22
Margaret K. Wood, M.A.O.T.

DIVISIONS

- | | |
|-----------------------------|-------------------------------|
| Nationally Speaking 23 | Reviews 50 |
| Delegates Division 47 | Letters to the Editor 53 |

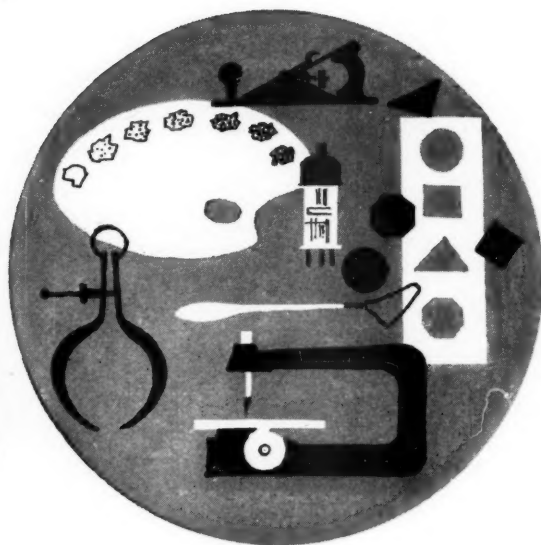
FEATURES

- Annual Reports 27

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A PROCEDURE FOR PRE-VOCATIONAL EVALUATION

FLORENCE S. CROMWELL, M.A., O.T.R.*

Habilitation and rehabilitation terminate ideally in successful gainful employment. Rehabilitation as a concept grows steadily not only in the work of medical teams but, more important, it looms larger and larger in the thoughts of industry's leaders. More handicapped people are being prepared for and employed in industrial settings today than ever before. Occupational therapists are certainly aware of this and should rightfully be playing an increasingly important role in preparing disabled persons for employment. Pre-vocational evaluation and training can and must assume an expanding function. In this paper the writer wishes to present one approach and philosophy of pre-vocational evaluation which could be developed in any occupational therapy department regardless of its major disability focus.

PURPOSES OF EVALUATION

The basic purpose of any pre-vocational evaluation is to get a realistic appraisal of a person's abilities in relation to specific job tasks and to the demands inherent in participating in a regular work day. This purpose would apply to both handicapped and non-handicapped job seekers. Industry has recognized the need for appraisal of work ability for many years. As early as 1937 industrial publications carried articles^{1,2,3} which emphasized the economy and wisdom of using test procedures to supplement the applicant interview. In 1942 Drake⁴ wrote specifically of performance testing as a surer aid to effective placement. Since World War II additional writings^{5,6,7,8} from many areas of industry have indicated growing confidence in performance evaluations as guides to successful placement and upgrading of employees. Training time is made more effective, failures on the job because of

misplacement are less prevalent, industry's risks and costs are reduced.

The handicapped person often finds that the applicant-interview works to his disadvantage. If the disabled person can refer to his successful performance as measured by recognized tests directly related to demands of the job he is seeking, many obstacles should fade. Even if manual and/or technical ability cannot be doubted, employers frequently question the applicant's physical stamina to withstand the time and situational demands of the job. Effective pre-vocational testing should measure tolerances as well as skills.

AREAS OF EVALUATION

There are many facets to the pre-vocational evaluation that occupational therapy departments can offer for any handicapped person regardless of his ability. First of all, basic functioning in the area of daily living skills must be determined, for it seems feasible to assume that a person can seldom be employed successfully outside the home if he is flagrantly deficient in ADL skills. Can he get to work? Can he tolerate the sitting, standing, walking that the job demands? Can he punch a time clock? Can he carry a lunch tray and eat without help? Can he use public toilets? Can he handle money? Second, his fundamental hand skill must be appraised. Can he manipulate both gross and fine objects? How effectively does he handle and use tools? Are there special eye-hand problems? Next, academic skills must be tested. These would include reading and counting ability, retention, discrimination and judgement levels. Emotional adjustment as

*Occupational therapist for the special research project at the United Cerebral Palsy Association of Los Angeles County (UCPA-LAC) California, sponsored by a grant from OVR.

observed during regular work performance (and apart from that observed in psychological testing) must certainly be estimated. Because many employers feel that adjustment qualities bear as much or more weight than training, skill and experience, a good pre-vocational appraisal must incorporate measures of performance characteristics, such as how the person reacts to co-workers, to supervisors, to failures, to criticism and to responsibility. Finally, though not of last importance, the questions regarding physical tolerance must be answered. How much endurance for sustained work does the person possess? Can he persevere through obstacles of many kinds? How does he withstand noises, bright lights, changes or extremes in temperature, odors, dust, etc.? Can he work an eight hour day?

SPECIFIC TESTS OR TEST BATTERIES

Activities of daily living (ADL) inventory. Many handicapped people have undergone a great deal of ADL testing and training. Accordingly their interest in cooperating with another time-consuming ADL test is often poor if not downright negative. For this reason a verbal, frank question and answer type test is better than outright performance. Therapists doing the testing usually have had experience in relating handicap to ability; disabled persons who hope to be good employee possibilities rarely choose to misrepresent their abilities in this area. Therapists can always request performance on questionable items. Further, only items positively related to independence and employability should be rated. Why test again a patient's ability to roll over or stand on crutches or jump on both feet? Keep to essentials.

At present, consideration is being given to such an inventory as described in a research program at UCPA-LAC. For statistical use, a numerical rating is being tried which yields a grade or score for each general area of ADL, such as eating, dressing, use of utilities, etc., as well as a total performance score. Perhaps such a number or grade will be more meaningful eventually to vocational counselors and others doing actual placement. Perhaps a realistic cut-off point will be revealed below which an individual can scarcely be considered employable.

Manual dexterity and coordination testing. Tests of manual dexterity and coordination and of mechanical ability have long been in use to appraise individual abilities. Most personnel workers are familiar with them and with the information they yield. For this reason handicapped persons should be tested with the same tools as those used with the non-handicapped population in order to get a frank comparison of functioning levels.

How can these instruments be used to best advantage? And what principles should govern the selection of tests? The writer feels that the following are usable guides in developing a testing program which incorporates manual dexterity and coordination tests:

1. There seems to be no one test universally available which can supply all the information needed relative to hand skill. Therefore a battery of tests is considered essential.
2. In selecting a battery or group of tests certain requirements must be met:
 - a. There must be a range of difficulty or complexity represented by the tests.
 - b. There should be provision for both bilateral and unilateral performance, as frequently disabled persons have one arm or hand of less use than another.
 - c. The tests must call for various degrees of both gross and fine manipulation, as these abilities are relatively distinct and unrelated to one another⁹. Testing only gross or only fine movements is not enough.
 - d. The tests ideally should require tool handling as well as parts manipulation.
 - e. The tasks represented should range from abstract (i.e., paper and pencil, dots-in-circle type of activity) to real (i.e., fastening bolt and nut combinations with common tools).
 - f. Tests should require performance in both sitting and standing positions if possible, as balance weaknesses are sometimes not revealed in the sitting position.
 - g. Test batteries should require the examinee to follow both oral and written instructions, as well as some graphic or diagrammatic cues.
 - h. Tests should be of varied lengths in order to insure greater reliability in results.
 - i. Obviously, since standardized tests are being considered, testing procedures must be firmly established and unvarying.
3. Tests meeting the above requirements are available through regular psychological testing supply sources. These sources can easily be located with the help of psychologists, through libraries or through the yellow pages in the telephone book. Actual purchase may best be handled by the psychologist, who probably will welcome the interest of the occupational therapist in doing such testing.
4. In selecting tests it is sometimes difficult to determine the value of any particular one. Many psychologists by admission are poor sources of advice, as they often are more familiar with and interested in personality measures and projective techniques. Accordingly one must rely on either commercial descriptions from catalogues of suppliers, or on reviews and studies. Some particularly helpful references the author has found are the works of Buros¹⁰ which describe tests fully and give unbiased opinions of validity and reliability by testing authorities. These are evidently recognized source books for psychologists and are available in several volumes, representing different periods when evaluations of the tests were done.

What can manual dexterity tell us about the handicapped person's vocational potential? Writings by Ayres¹¹ suggest that manual dexterity

does not necessarily determine the individual's work capacity. Manual dexterity testing done to a limited extent at UCPA-LAC suggests that handicapped individuals tend to perform at a level far below the average non-handicapped person. More must be done to clarify the picture.

Pre-vocational job sampling. In this agency following Ayres¹² lead, further tests using pre-vocational job samples are being developed and used. These tests focus attention on work habits and general performance features in addition to the hand skill aspect of the individual's ability. What are pre-vocational job samples and how can such a battery be developed? What additional information can be acquired through their use? How should the areas of evaluation be selected?

There are certain principles which might prove helpful to therapists in determining the areas of interest for tests and in devising the actual instruments:

1. Any center which plans a pre-vocational job sampling program must first determine the largest areas of employment in the community it serves and particularly those jobs which might be filled by a handicapped person properly qualified. Depending on locale, metropolitan or suburban, the range of possibilities varies. In some instances job opportunities are so limited as to make testing very specific. More commonly centers in metropolitan areas find an almost unlimited range of job opportunities. This then requires the selection of tests in job groups or general areas, such as clerical, mechanical, assembly, etc. Some centers may choose to follow the Dictionary of Occupational Titles¹² seven major work areas as an overall guide to screening, though this presupposes a rather ambitious and extensive testing program in terms of space, personnel, facilities and cost. In any event do not establish tests for jobs that are not in the realm of possibility.

2. Once the specific areas of testing are determined, representative samples of actual skill demands must be set up. For technical advice and assistance in developing the actual tests there are many sources of help: industry, universities, government publications, engineering consultants. Establish test objectives and methods with appropriate help; otherwise the first criterion of validity—testing for what you intend to test—is violated.

3. In devising actual test samples keep in mind those things which help to provide reliability in results¹⁴:

- a. Standardize test materials, i.e., develop a kit for each test with regular instructions for administering and scoring.
 - b. Provide tests of various lengths.
 - c. Provide for standard conditions for testing.
 - d. Provide for range of difficulty.
4. Consider all points mentioned under Section II, No.

2, above so that the pre-vocational battery supplements and complements the manual dexterity battery. This should provide a rounded picture of an individual's performance abilities.

5. By all means have the tests or testing materials durably constructed, easily handled, administered and scored. Therapist time is the most expensive item to be considered in any testing program. For that reason cut all the time corners possible.

AJOT, XII, 1, 1959

USING THE TESTS AND RECORDING THE FINDINGS

Performance ratings. Tests such as described in the previous two sections most commonly rate the performer's ability in measures of speed, accuracy and quality. At the same time the testing process provides for observation of a great many other aspects of performance which can be named, for convenience, performance characteristics. Thus the testing yields information about other *production features*: neatness, use of tools, safety awareness; specific *work habits*: perseverance, dependability, ability to organize work, supervision requirements; *intellectual factors*: ability to follow oral and written instructions, discrimination, judgement, resourcefulness, learning; and finally *attitudinal responses* which reflect self-confidence, adjustability. Many of these qualities are noted in the usual narrative type of reporting, but a rating form can easily be used with five point gradations—superior, above average, average, below average, non-functioning—used as in bar graphs. Thus at a glance a meaningful picture of performance is available; at the same time a numerical summary of the qualities can be made by assigning grade values to the verbal ratings. There are many types of rating scales which can be used as guides in developing your own.

In addition to the performance characteristics summary, it is important to present actual test results, i.e., raw scores, with accompanying observations made during the testing sessions. Various forms can be devised to serve this purpose. The important thing to remember is to tailor your forms and your reporting to the needs of your agency and those other team members who make most frequent use of them. Brevity and clarity should be the rule, but do not sacrifice the second for the first.

In both the above reporting forms as well as in the narrative summary, specific references should be made to physical tolerance and to any unusual qualities of performance which would influence placement. Also, aside from the service purposes of record keeping, be certain if you develop and use tests, to gather cumulative raw score data to be utilized subsequently for test validation and standardization. Other centers will be interested in your results. Help develop usable measures of patient performance.

Test environment and personnel. Little has been said of the setting in which the testing should be done, or who should do it. Obviously each department must use those facilities which are available, choosing if possible a setting which incorporates a balance between activity and calm. The examinee should be seen in as nearly typical a work situation as possible, but

without so much confusion as to make a relationship between the examiner and examinee difficult or impossible.

The examiner for such testing should be an occupational therapist. He has had particular experience in observing people at work, relating to others, and to situations. He understands medical conditions, dynamics of illness, and is trained to interpret and report what he sees. He is accustomed to receive and carry out medical direction (and testing should be done with medical advice); and he is familiar with physical abilities and the limitations of various handicapping conditions. He is well qualified to help a patient feel his way "performance-wise" in search of possible vocational goals.

Team use of results. It should be noted that an evaluation such as described above is only one segment of a total team evaluation, and would logically supplement information gathered by medical social workers, psychologists, vocational counselors, and other members of the team. Together then the rehabilitation team would formulate the vocational goals appropriate to the patient. Therefore, results and reports should be geared to this use, and any interpretations should feed this purpose.

SUMMARY AND CONCLUSIONS

Pre-vocational testing is an expanding function in today's rehabilitation process. Industry recognizes the value of such procedures and therapists are gradually developing interest in using specific testing devices. Any comprehensive testing program should incorporate measures of basic ADL skills, manual dexterity and work habits and attitudes as observed during performance of specific job samples. Some standardized manual dexterity tests are readily available; other job-sample-type tests must be devised and tried out. Performance rating forms are useful in recording reactions and many existing ones can be used as guides in developing specific instruments tailored to your agency's needs. In any case *all* test instruments should be devised and/or selected bearing in mind the principles of test development and use which yield valid, reliable results.

Results of all testing should be carefully recorded in ways that afford easy interpretation of performance and that make the material useful for research as well as for service purposes. The occupational therapist's pre-vocational evaluation provides but one segment of the team's approach to vocational planning for clients.

Testing should be done in an atmosphere and setting comparable to work environment and yet in conditions which are conducive to good examinee-examiner relationships. Occupational

therapists are ideally suited to the role of examiner in pre-vocational evaluation programs because of their professional training as observer and interpreter of the performance of handicapped persons.

In any case, pre-vocational evaluation incorporating careful observation of performance, manual and otherwise, through use of standard tests and job samples, must be done to make vocational planning for handicapped individuals meaningful. Let's help our clients to be placed in jobs suited to their abilities. Begin now to develop and use a battery of pre-vocational tests in your department.

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AN ACTIVITIES PROGRAM IN A CUSTODIAL CARE GROUP*

MARY H. COMBS, O.T.R.†

This paper reports on an activity program carried out among a group of elderly custodial care patients at a county chronic disease hospital. The program was initiated partly as a means of recruiting workers for the Highland Shop, the sheltered shop research program of the hospital, and partly to find out whether these men could benefit from group activity on the ward. Its aims were thus two-fold: employment in the sheltered shop for those able to make the transition, and increased activity for those not able to make the change.

The project was carried out between December, 1956, and April, 1957, by five occupational therapists assigned to the sheltered workshop. This report describes the characteristics of the group of patients involved, the setting of the group, the program itself, and the results of the program.

THE PATIENTS AND THEIR SETTING

Highland View Hospital has been in operation since 1952 as a county hospital and rehabilitation center for people with chronic physical disabilities. Older buildings on the grounds, dating from the days of the old city infirmary, are used for various purposes, including living areas for a number of male custodial care patients and a sizable sheltered workshop, called the Highland Shop. A few of these custodial care patients have been regular participants in the Highland Shop program since before its organization as a sheltered shop. One or two others have been intermittently active because of the persuasion of the shop administrator, but no formal efforts had been made to interest the majority of the patients in shop participation. A preliminary survey had indicated, however, that many were physically able to participate. Accordingly, occupational therapists assigned to the Highland Shop set up an activity program, hoping to recruit more men for the sheltered shop, and to determine whether the others could profit by activities on the ward.

The group selected for study consisted of 49 male patients residing on one floor of the older building known as Building II. Many of them were elderly "left-overs" from the old city infirmary and were there primarily because they had no other place to go; they had outlived their ability to care for themselves, their families had long since been dispersed, and nursing homes had only occasional vacancies. They ranged in

age from 57 to 95 years, with the mean at 73.56 years. All had a history of illness, and a few needed periodic intensive nursing care; most required only an occasional pill and a watchful medical eye, and would ordinarily have been placed in nursing homes, if space had been available. Their diagnoses included most of the chronic physical ailments: arteriosclerosis, osteoarthritis, pulmonary emphysema, tabes, hip fracture, cerebrovascular accidents, senile dementia and many others, singly and in combination. Alcoholism was a frequent element in the backgrounds of the men.

Because of changes in the organization and administration of the hospital, the histories recorded in the patients' charts were often inadequate, but they indicated that the years prior to hospitalization had not been marked by outstanding educational, social, or economic achievement for most of the men. Many had been in the hospital for years; as far as could be determined, the length of residence ranged from two to 34 years; the median length of time in the hospital was 7.42 years. Many were of foreign birth and, in spite of the years in this country, spoke English with difficulty, if at all. It appeared that many of these men had been deprived of the "greatest comforts of old age" as listed by a group of old-age assistance recipients studied by Morgan⁵: family relationships and friends, material comforts, religion, own home, reverie, good health, work, reading; and, on the other hand, had been overly burdened with the "greatest worries of old age": financial worries and dependence, concern for spouse or family, poor health, physical dependence, inability to work, poor family relationships, loss through death.

Within the hospital the men were widely thought of as "old relics" and one heard again and again the statement, "they are just like children," or "you have to handle them as if they were babies." These comments reflected a common but only partially accurate attitude toward aged people. As Kaplan says³: "Many of the characteristics of the senile are related to some

*The author wishes to thank Betty J. Stanson, Gladys Soholt, Clara Shumaker, and Elizabeth Young, all O.T.R.'s, for their assistance in carrying out this program, and Eugene B. Nadler, Ph.D., for his helpful comments and criticism on this report.

†From the department of physical medicine and rehabilitation, Highland View Hospital, Cleveland, Ohio.

childhood concepts . . . Yet, senility is not childhood all over again; for the aged senile does have a reservoir of lifetime experiences which is not found in the child."

In the study *Rorschach Responses in Old Age*,¹ the subjects were differentiated into three groups labelled "normal," "presenile," and "senile." Though a few of our particular group of men would probably be judged "normal," on the basis of observation only, most would seem to fall within the presenile group, of whom the study says:

"He is uncertain of self and suspicious of others. There is a vagueness of both perception and expression. There are several paradoxes in behavior. Thus though suspicious and egocentric, the presenile individual shows considerable interest in other people. Though vague and uncertain much of the time, he is at other times extremely certain, definite, and rigid. There is marked restriction of both intellectual and emotional processes, though most are most introverted than extroverted. Though given to easy laughter and ready tears, these individuals do not seem to be the victims of or even the possessors of strong emotions." (1, p. 203)

Weinberg,⁶ in discussing the dynamics of the psychological changes occurring in aging, says that the symptoms usually include avoiding stimulation, conserving energy, and regression. "They indicate the fact that there is a waning of power and they tend to indicate that the organism is trying to maintain itself by giving up certain powers in order to maintain or preserve others more essential to its unity." (6, p. 19)

The men lived in close contact with each other. Their rooms contained from two to seven beds, a locker and a bedside table for each patient, and a straight chair for those who wanted it. The rooms were clean, freshly painted, but definitely institutional in appearance. Personal touches added by the patients were few: there was an occasional potted plant, a memento from a holiday, practically never a family photograph.

In spite of this close physical proximity, the patients' social contacts, even with each other, were few in number and largely impersonal in nature, centering around the routine matters of daily living. They might have contacts during a typical day with a nurse, orderlies, dietary and housekeeping personnel. The physician visited the floor daily. These contacts with hospital staff required only a passive, compliant, receptive attitude on the part of the patients.

Contacts with people from outside the hospital were even fewer and these relationships were almost as passive and one-sided as those with hospital personnel. Visits by the hospital

librarian with her book cart, receiving flowers from an occasional volunteer, signing checks brought monthly by a welfare worker, demanded a minimum of active participation from the patients. Visitors were rare; few men wrote letters and few received them. Few had a single living soul outside the hospital in whom they had an interest.

Apparently the loss of friends and relatives by death and rejection contributed to a process whose end point was reduction of social interest and social interaction. Concurrently, hospital residence with its emphasis on physical functioning reinforced somatic preoccupation. Very few men were able to resist this process. These few evidenced their resistance in various ways: some took walks on the hospital grounds, or wheeled themselves to other hospital areas. Some acted upon routinely posted invitations to hospital recreation programs. A few seemed to make a point of talking to and watching children playing on the grounds, and one or two took unchaperoned trips on the bus. However, these cases were exceptions. It was more common to see a roomful of six or seven men, silently sitting on their chairs or lying on the beds, perhaps reading, probably doing nothing. In effect, this was not a group but a loose geographical collection of individuals.

A cogent description of the atmosphere in Building II is contained in an appendix to this paper. This was written by a cerebral palsied young adult, whose feelings about his surroundings supplement the more objective view of the outside observer.

THE ACTIVITY PROGRAM

After making a preliminary survey of this group of men, the occupational therapists were faced with the necessity of deciding whether, in the face of considerable suspicion on the part of the men themselves, they could or should attempt to work with the group. In general they came to agree with the type of philosophy pointed up by Kuhlen⁴ when he says:

" . . . with reference to rehabilitation among the aged, the first point to be emphasized is that rehabilitation is indeed possible and worthwhile . . . techniques of rehabilitation consist largely in stimulating the older person to active participation in living. Something is to be gained even from the routine exercises designed to stimulate mental activities; but in the main, activity, to have most therapeutic value, must be sustained and goal-directed . . . Inactivity and living in the past are hindrances to good adjustment." (4, p. 244)

The therapists realized that it would be futile to try to persuade the men verbally to come to

the Highland Shop. Their apathy and inactivity were too entrenched to be overcome so readily. Accordingly, they decided to set up a program of activities within the ward setting, hoping that by re-establishing long unused habits of work activity, they would be able to demonstrate the value of participating in such activities away from the ward. The therapists did not set unrealistic goals for themselves, presuming from the start that many would never make the transition to the Shop; for these it was felt that there were values inherent in an activity program, even one taking place on the ward. Realizing also that they were unable to do anything about the environment in which the men found themselves, they felt, in accordance with Kaplan, that "the purpose of any social and recreational program should be to promote and stimulate opportunities for continued happiness and usefulness, or to redevelop these opportunities for renewed satisfactions . . ." (3, p. 241) within the situational boundaries.

The program covered a three month period during which pairs of therapists visited the ward a total of 35 times. One therapist participated in the entire program; the other four participated for approximately three weeks each. Each visit took two or three hours, and personal contacts were made with each patient present on the ward at the time. On each visit they brought activity media, both recreational and industrial, to the ward. The recreational activities consisted of checkers, quoits, dart games, and Chinese checkers; the work activities, secured from the subcontract area of the Highland Shop, involved packaging pothandles, labelling articles, counting feathers, and others.

Throughout the program the efforts of the therapists were concentrated in three areas: first, establishing a secure personal contact with each man where possible in order to, second, persuade him to participate in the available activities in any way he wished; third, encouraging group interaction through the activity media. However, the emphasis on the three areas changed considerably as the program progressed. At first a great deal of time was spent in individual conversation in an effort to build confidence in these men who almost universally regarded strangers with suspicion. Though these efforts to build confidence in the individual patient had to be continued throughout the program, the therapists were eventually able to concentrate more on groups of men as they worked with the activity media.

The activity media were organized in such a way that there was a natural progression from individual performance to group performance.

For example, at the beginning of the program there were innumerable checker games between one therapist and one patient. Gradually it became possible to bring another patient into the game as substitute for the therapist, then to set up two or more such games at the same table. Later, games such as dart-throwing allowed the men to participate both as individuals and as parts of a small group. Finally, elementary production lines for engaging in work activities were set up, in which the activity of each man influenced and was influenced by that of the other men.

At the end of 35 visits it was necessary to terminate the activity because of other demands upon the therapists' time. There were, however, a number of observable results during this short period.

RESULTS

The first result noted was that a group of approximately ten regular participants had come into being by the end of the first two weeks. However, as late as the twenty-seventh meeting, other individuals were attending for the first time. At one time or another 39 out of the 49 men on the ward attended. Four of the remaining ten were already working in the Highland Shop, but the rest seemed untouched by repeated individual invitations throughout the course of the program.

The second observable result was that the men who did participate in the group became increasingly able to utilize the work and recreational media in an active manner. There were fewer who merely stood and watched. As they became more interested in the activity media, there was a decrease in dependence upon the therapists, and an increase in interaction with fellow patients, centered around the media. Furthermore, there was a simple increase in physical activity, since attending the group session required the men to get away from their beds. After they reached the meeting room, they had to move around to some extent while engaging in the activities.

A third result was that the men in the group began to give definite expression to feelings of pleasure and satisfaction about the program, many saying that "it's not just the same old thing every day," or "it's better than doing nothing all day long." When the therapists had to be absent for a day or two, they were frequently stopped in the halls by men wanting to know when they were coming back.

The fourth result was that three of the men came to the Highland Shop as daily workers. Two of these became successful workers in the power woodworking area, and the other, though less skilled, was able to work well in the sub-

contract area. That work in the Highland Shop was a satisfying experience for at least one of these men is indicated by a letter which he wrote to his shop supervisor after his subsequent discharge to a nursing home:

"Mr., Thought I would write you a few lines letting you know that I feel O.K. and hoping you and rest of youse in the shop are also. I sure do miss working there, as up here there is nothing to do at all, and the time is sure long. It is very clean here and the food is also very good and we can have more if we want any. They also have very nice clothes here. The only thing here is we do not get any money from our checks and no tobacco, so you can see what it is without smoking. I sure do hope I get something to do so the time would go by. We have three T.V. on our floor here. The sun or the rest room whatever you want to call it is very large and nice with a T.V. in it, a very nice place to rest and relax. Well I will close for this time wishing you and all the rest of youse best of wishes and good health."

CONCLUSIONS

It gradually became apparent that the more secure and the closer the individual man felt in his relationship to the therapist, to the materials used, and the closer his room was to the program room, the more fully he was able to participate in the program. The extent to which the men's insecurity and fear of strangers could be overcome seemed to be a direct function of the amount of close personal contact the therapists were able to establish. As far as the media were concerned, the greater familiarity of the work activities made them more popular than the recreational activities with most of the men. The reasons for this preference were obvious: first, these were men whose lives had been largely work-centered before they came to the hospital, and their concepts of themselves as men and as workers were interdependent; second, many had never learned to play, and defended this deficiency by declaring that recreation was "silly." As evidence of the effect of geographic proximity, it was noted that each session was attended predominantly by those men who lived nearest the dining room where it was being held, in spite of the fact that the two dining rooms were only about 200 feet apart. This is an extreme example of the effect of geographical location upon the formation of social groups, which was studied by Festinger² as it operated in group housing projects. Even in a younger, and presumably more mobile population, he found that friendships were formed primarily with closest neighbors, and that group social activity infrequently occurred outside the geographical boundaries of each individual dwelling court.

An activity program, centered around recreational and work media, was organized within a group of 49 elderly men living in a ward setting in a chronic disease hospital. There were

two primary aims of the program: (1) to recruit patient-workers for the sheltered shop of the hospital; (2) to increase social activity among the men on the ward. At the end of the program, after 35 meetings of the group, the following results were seen: (1) a group of regular participants had come into being; (2) the men were more active in their utilization of the media and of the social situation; (3) the men became pleasurably involved in the group activities; (4) three men were recruited for the sheltered shop. Factors which were seen as important in the success of the program were: (1) efforts by the therapists to make the individual men feel secure in the situation; (2) familiarity and suitability of the media used; (3) physical arrangements which made participation as easy as possible.

An attempt to evaluate such a program brings up the following considerations. One of the goals of the program, recruiting workers for the sheltered shop, was met only to a limited extent, and the question arises as to whether greater results could have been achieved if the program had lasted longer. The answer can only be speculative, but the therapists felt that several additional patients had progressed to the point that a transition to the shop would have been possible within a reasonably short time, had the program continued. A second goal of the program was reached when it was found that the men could benefit from a ward activity program, but the extent of this benefit must be evaluated subjectively. Two types of evaluation were available, that of the therapists, who felt that the men were more alert, more active, and, in general happier at the end of the program than they had been, and that of the men themselves, who expressed definite satisfaction with the program. If it is conceded that greater activity and happiness are desirable achievements for this type of patient, then changes in that direction can be considered beneficial.

Speculation may well arise as to whether the results achieved warranted the amount of effort expended. This is a question which cannot be answered outside of a specific setting with its specific limitations of personnel, budget, etc., but it may be remarked that the amount of effort that needs to be expended decreases as the program gets under way, while the desirable results, on the other hand, gradually increase with time, so that eventually a state of moderate therapist effort can bring about maximum desirable development in the patients.

(Continued on page 26)

OCCUPATIONAL THERAPY IN THE THERAPEUTIC COMMUNITY

CHARLES D. FEUSS, JR., M.D.*

JEANNE W. MALTBY, O.T.R.†

We wish to discuss some of the experiences we have had at a thousand-bed governmental hospital for mental illness while attempting to create a therapeutic environment, and define the major role that occupational therapy plays in this planning.

The surprising factor in the 'therapeutic community' is not that it resembles so much the 'moral treatment' of Pinel, Tukes, Rush and many others, but that this common sense method of therapy had regressed under the impact of institutionalization. In 1955, it was accepted as a new philosophy when Dr. Maxwell Jones delivered his lecture before the American Psychiatric Association. The very institutions, that were built to foster the moral idea in this country, grew so large that they were communities in themselves; they set up invisible barriers of social prejudice between themselves and the communities they served. After a half century of dynamic psychiatry, these concepts are just beginning to influence institutional thinking. Warlingham Park Hospital, under the direction of Dr. T. P. Rees, with its completely open door policy, is a good example of a 'therapeutic community', which really developed parallel to Dr. Jones' work, rather than as a direct result. Many of our attempts at building a therapeutic community were copies from Dr. Rees, rather than Dr. Jones.

When we decided to apply some of these theories at the Hospital for Mental Diseases, Milwaukee, Wisconsin, the problem arose, "Where do we start?" It was felt the answer lay necessarily with the personnel. The attitude of the director, the way his attitude is transmitted to the staff and personnel of the hospital, has a great deal to do with the success of new policies. The formal staff meeting itself inhibits free communication; therefore, a coffee hour with no table, no chairman, no agenda was attempted. Surprisingly problems came up, were discussed and solved as rapidly under this procedure as with the structured one. There developed a feeling for one another's departments. Visiting policies interested the psychologist, as well as the social worker; medications and scheduling of occupational therapy was planned so that the nursing service and the activity department worked together. Horizontal communications not only im-

proved, but a new sharing of the emotional experience of therapy began to develop.

To carry this below the department heads was another problem. The supervisors, in turn, began using the unstructured staff meeting in their areas with the same success. In addition, a series of weekly lectures was prepared and given to the personnel. A continuous training program developed, suggestions were gladly accepted, and through a type of infiltration, many of the non-authoritarian ideas of the department heads were picked up by other employees.

There are many changes in patients' activities that encompass the idea of a therapeutic environment, but none of them are as striking as the open door policy. This policy does not start or stop with the open door. That is only a symbol of the new philosophy—a tangible thing that patients can see. The open door policy means a good relationship between the hospital and the community; it means tolerance of the community towards the mentally ill; it releases much of the feeling of confinement that goes with psychiatric hospitalization; it reinforces the results which are accomplished with the newer psychiatric treatments, eliminating some of the social stigma. The progress in therapy has not been overlooked in this system. The somatic therapies, particularly the drugs, have added to the ease with which patients may socialize. The open ward patient knows the schedule of his medication and is expected to be at the nursing station in time for it. This leads to an appreciation of what the medication can do for him, and places the responsibility for treatment on the patient.

There seems to be little improvement in replacing inactivity behind a closed door by inactivity behind an open door. Patients must have some purposeful activity which they may select voluntarily or in which personnel must interest them. Only in this way does the open door have a purpose. Industrialization must have a purpose; occupational therapy is prescribed, not just used as a method of getting people off wards.

*Assistant professor of psychiatry, University of Cincinnati School of Medicine, and superintendent, Longview State Hospital, Cincinnati, Ohio. Formerly medical director, Hospital for Mental Diseases, Milwaukee County, Wisconsin.

†Director of occupational therapy, Hospital for Mental Diseases, Milwaukee County, Wisconsin.

Patients attend occupational therapy programs and much individual attention is given. In this way the occupational therapist becomes the key to normal socialization. While open ward patients go and come without direct supervision, the staff concentrates on directing the activities of the more regressed and confused patient.

The occupational therapy department at the hospital is comprised of seven registered therapists, five occupational therapy assistants, two beauticians and a clerk typist. This department directs the majority of recreational programs, as well as treatment groups and classes. The therapists do not wear white duty uniform, the symbol of authority. They take an active part in the groups to help build group cohesiveness, strength, and morale necessary in developing a healthy, realistic environment. Dynamics of individual patients are handled within the group situation and activities have expanded from the "usual crafts" to a well rounded program which includes work, recreation and socialization. Normal activities are stressed: cooking for the housewife, roller and ice skating for the adolescent. Responsibility within the group is encouraged. There is a free exchange of role on the part of the therapist, individual attention is given to the withdrawn patient, friendship is offered to the friendless, classes are held for the inept. Personal contact is considered important, the patient is known intimately, is observed and reports are made to the supervising physicians.

The group meetings held in addition to treatment sessions, recreational programs, and gym activities, are set up for two, three, or four week courses, dependent upon the type of class. Patients volunteer and are assigned according to their interests or needs. Charm courses teach personal hygiene and beauty care, which can be continued on the wards for long-term patients, and carried over to the home for the discharged patient. Dance classes cover the basic steps and, if interest demands, the more complicated. Exercise classes are set up on different levels—for the overweight, and for the long-term patient—to improve physical fitness. Hobby shops provide the opportunity to learn crafts, art and literary classes encourage expression, music listening periods provide enjoyment for those without musical ability. Cooking classes teach inexpensive meal planning and also provide a pleasant "end product" for the members of the class.

Tours are included within the various occupational therapy programs to keep the patient in contact with the community from which he came and where he will return. A tour to the new YMCA, which included an invitation from

one of the directors to use their facilities, proved helpful to a group of open ward men expecting release in the near future. These tours also promote interest in the community for the longer term patients who tend to think of the hospital as "home," and acquaints them with facilities which can be used after release. It is hoped that the gap between the hospital and the community is, in this way, more easily bridged. Teaching the long-term patient how to use bus tokens, transfers, escalators, etc., is a little-thought-of job, but an extremely important one to patients who have not been off the grounds in years.

Patients are assigned to specific groups on the basis of their illness, needs and feasibility of working together as a group. The "Golden Agers," for example, are comprised of fifty men and women all over sixty years of age. It is less difficult to find common interests and abilities within such a homogenous group than to work with these patients in a varied age group. There is contact with the community's group of "Golden Agers"—our groups visiting their meetings and vice versa. Another "group" example is the Walnut Room morning group comprised of fifteen women whose main symptom is depression. Group activities are mainly used; individual work is assigned or selected according to the individual.

Besides prescribed treatment, there has to be a way by which patients can mingle informally, other than in tunnels or basements. A juke box, pool table, ping pong table, games, television and books were used to equip an old ward. This "recreation hall" is open to the patients, seven days a week and holidays as a place to socialize when their appointments leave them free time. No structured recreation is offered during the day at the recreation hall, and the patients go and come as desired. An occupational therapy staff member is on duty at all times to observe the behavior shown in this environment. Structured activities are offered in the evening for recreation. Square dances, community sings, teas, ballroom dances, movies and ward parties fill the evenings when there is no visiting. Outside entertainment is provided by the musicians' union, and other local organizations.

Volunteers are being sought to improve relations between the hospital and the community, between the patient and the outside world. At present, the volunteer program is a mere infant in the total program, but it is hoped this will enlarge in the coming year.

(Continued on page 25)

THE WRITING DEVICE

O. LEONARD HUDDLESTON, M.D., Ph.D.¹

WILLIAM HENDERSON²

JOHN W. CAMPBELL, O.T.R.³

This writing device is the sixth of a series of articles on bracing, developed at the California Rehabilitation Center.⁴

THE OBJECTIVE

The objective is to develop a writing brace, mainly for a patient who does not have the use of either hand, but does have arm motion, i.e., a quadriplegic patient who has had a cord injury. The brace was designed to allow the patient to be completely self sufficient in writing. Application of the brace, and replacing pen for pencil can be done by the patient himself.

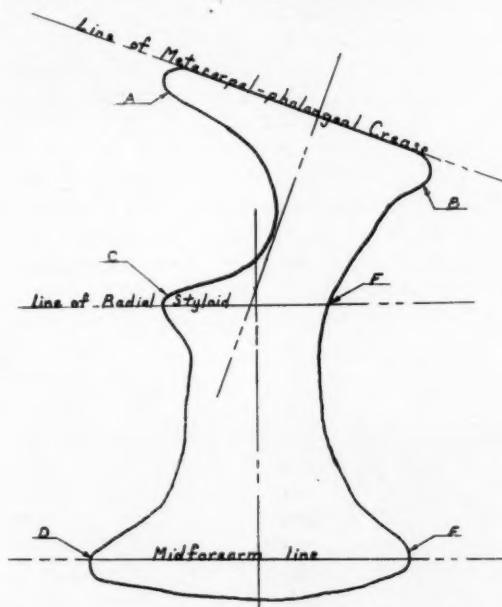


Figure I. Pattern of the Arm Brace

DESCRIPTION

The brace consists of a molded piece of plastic, Royalite, or stainless steel which covers the volar surface of the palm, wrist, and half of the forearm. The template is depicted in Figure I, and illustrated in relation to the landmarks of the arm. Projections A, B, and C in Figure I are molded upward as shown in Figure II, while projections D and E are molded almost completely around the forearm, also illustrated in Figure II. Note that care has been taken to support the ulnar side of the hand, wrist, and forearm over a large area so that pressure is

AJOT, XIII, 1, 1959

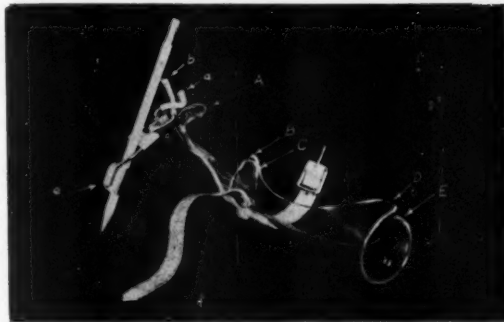


Figure II. Illustrates the writing device with the specific points of description indicated.

distributed. The ulnar side of the brace at point F (Figure I) bends in to circumvent the bony ulnar side of the wrist. These precautions are taken mainly for the quadriplegic patient who has suffered a high spinal cord injury. This type

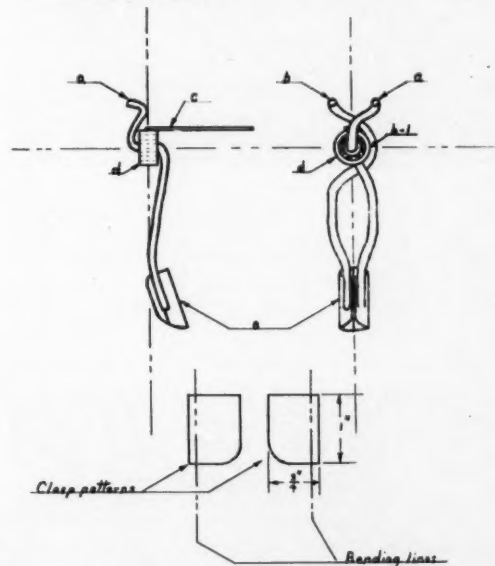


Figure III. The Holding Mechanism

1. Medical director of the California Rehabilitation Center, Santa Monica, California.
2. Formerly upper extremity prosthetist, California Rehabilitation Center. Presently research engineer, Artificial Limbs Project, University of California at Los Angeles, California.
3. Director of occupational therapy department, California Rehabilitation Center, Santa Monica, California.
4. The previous articles appeared in the *American Journal of Occupational Therapy*, Vol. XII, 1958.



Figure IV. Demonstrating the patient applying the pencil to the brace. The pencil is held in the left hand through tendon action and the holding mechanism is opened with the teeth.



Figure V. Shows opening of the holder from the opposite side by pulling on the lever. Lever can be opened by patient by pushing against the edge of the table.



Figure VI. Demonstrating the power of the holding mechanism in supporting the large brush.



Figure VII. Shows the position of the pencil to the hand and its relation to the writing surface. Observe that positioning closely approximates normal pencil grasp.

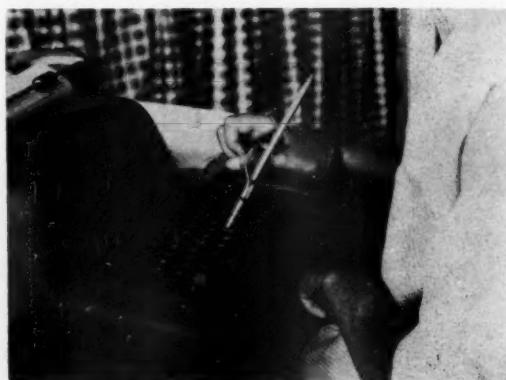


Figure VIII. Demonstrates versatility in quickly and easily reversing the pencil to use as a pointer in typing.

of patient usually has a lack of sensation on the ulnar side, which necessitates generous support.

The space between projections D and E in Figure II should be just the thickness of the wrist. This enables the patient to slip his wrist through this opening and push the brace up on his arm. When the hand arrives at the palmar section, the forearm circle will fit snugly around the forearm. The wrist is then held in place by the wrist strap as shown in Figure II. A strip of spring steel is sewn onto the buckle side of this strap, holding it rigidly in position, so that the other side of the strap may be entered through the buckle easily. The patient can then grasp the strap with his teeth, and pull it up tightly. The buckle pin is pushed into the hole with the other wrist. In this manner, a patient with no hand motion can apply a brace by himself.

The pencil holding mechanism is depicted in Figure II, and described in more detail in Figure III. It is a scissors type mechanism which utilizes a small ball-bearing as a fulcrum, and prosthetic rubber bands as a clasping power to hold the pencil. The holder (e), Figures II and III, is opened by the patient biting (a) and (b) together. This procedure is shown in Figure IV. A later design, shown in Figure V, opens the holder by pushing a bar against the edge of a table. However, each has its advantages, depending on the patient's problems.

CONSTRUCTION

When this brace is made from plastic or 'Royalite,' a cast of the hand is the first step. The hand is cast from the proximal interphalangeal joint, upward on the forearm, a little past the mid-forearm position. This negative cast can be made by plaster bandage wrapping. The cast is then cut from the arm, and the seam is plastered over. The inside of the negative cast is coated with separating compound, and the finger end is closed over with more bandage. Plaster is then poured into the cast. The negative cast is cut again, and pulled apart. The result will be a positive cast.

The first step is to carve the thumb off the positive cast to make it easier when molding the palmar section of the plastic. A manila pattern can now be made quite easily, following the template and landmarks as shown in Figure I. The pattern should now be tested on the patient's hand and modified for the particular problem. The pattern is then transferred to the plastic, and the plastic cut out on the jigsaw. All

of the edges should be sanded and buffed before molding. The plastic is now heated until it is very pliable and can be molded by hand around the positive cast. The arm piece is now finished.

The first requisite for the pencil-holding mechanism is a small ball-bearing, approximately one-half inch in diameter (O. D.) as shown in Figures II and III, and an inside diameter of one-eighth of an inch. The first step is to make an attachment bar (c), Figure III, and silver solder it to the top of the ball bearing. This bar is made of .064 stainless steel, one and one-half inches wide by three inches long.

Then cut two pieces of stainless steel rod, one-eighth of an inch in diameter and six inches long, for the arms (a) and (b). The first wire (a) is pushed through the center hole of the ball-bearing and bent as described in Figure III. The second rod is bent to shape (B) in Figure III before it is soldered to the outside of the bearing at point (b-1). The holders (e), Figures II and III, are cut to one inch by three-quarters of an inch from .035 stainless steel. After they are sanded and polished, the bending lines are marked as indicated in the templates in Figure III. These two pieces are inserted into the vise sewn to their bending lines. A piece of one-quarter-inch round stock is forced between them. The pieces are then hammered around this rod to form the clasp or holders. The holders are now soldered to the arms (a) and (b), Figure III, and the pencil holding component is complete.

The pencil holding device is now riveted to the palmar section. A prosthetic rubber band is applied to the holding device as depicted in Figure II and, finally, two pieces of latex surgical tubing are forced over the ends of arms (a) and (e), Figure II, so that biting to open the holders will not damage the teeth. The brace is now complete.

CONCLUSION

The variation shown in Figure V is more desirable since the patient doesn't have to bite the holding mechanism to open it. However, in some cases, the former is necessary and even desirable to a particular patient. This brace has been utilized with a number of cases with complete spinal cord transections of the C-6, C-7, and C-8 variety with marked success. These patients were able to put the brace on themselves, replace pencils and pens, and take the brace off without help.

BENDING JIGS AND DIES*

JOSEPHINE C. MOORE, O.T.R.†

Departments that cannot afford the rather expensive bending machines used in shaping aluminum splints or other adaptive devices, may wish to turn to the simpler method of hand strength (for bending pieces of equipment), using a series of maple bending jigs or dies. These simple maple blocks can be made in a matter of an hour or two in a shop, using a circular saw or band saw, and sander. These jigs and dies are extremely easy to make and even easier to use. In a matter of minutes an aluminum hand splint can be bent to obtain the desired shapes to conform to the hand, wrist, C-bar or hypothenar bar.

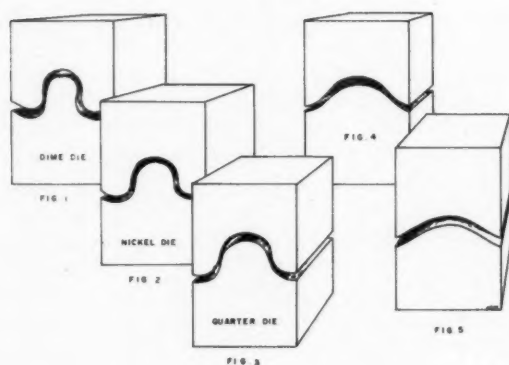


Plate One

The first bending devices to be discussed could be classified as the concave/convex type of die. (See Plate One, Figures 1 to 5.) The easiest way to use these is to place the two parts in a vise. Next, place the part of the hand splint (or metal piece) to be bent between the two pieces, then tighten the jaws of the vise to obtain the desired amount of bend. Another method is to use just half of a die, preferably the concave half. Using a rawhide (or wooden) mallet pound the metal into the concavity to obtain the desired shape. This takes more physical effort and precision, but accomplishes the same result.

The large die (Plate Three, Figure 1) has the special purpose of putting into the hand splint both the wrist cock-up and the "clearance bend" over the head of the ulna and styloid process on the medial dorsal aspect of the wrist. The curves of this die are exaggerated to gain any desired amount of dorsi-flexion or cock-up and/or clearance over the head of the ulna, and because it is easier to bend metals at first and then lessen the curve than it is to increase a curve because of the "spring back" in metals.

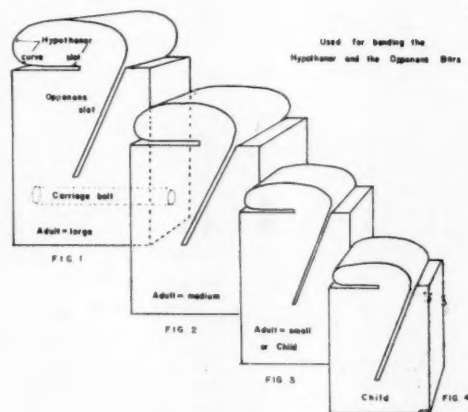


Plate Two

The next type of bending jig (Plate Two, Figs. 1 to 4.) is used to obtain the proper curves of the aluminum hand splint referred to as the hypothenar and opponens bar. Because the slot-cut and the grain of the wood on these blocks runs in the same direction, it is suggested that a bolt be placed through the jigs to give additional strength to the jig. Thus the block does not snap in half when bending or twisting the metal bar. All bolts should be counter-sunk.

Insert the hypothenar bar of the splint into the slot on the hypothenar side of the block (the U shaped side) and either by hand or using a mallet, bend the hypothenar bar to fit the curvature of the block and/or medial aspect of the hand in the area of the hypothenar eminence. Next the opponens bar is placed in the long slot and the splint is gently curved to conform to the lateral dorsal aspect of the hand in the area just distal to the head of the first metacarpal joint. This bar, if properly curved, should place the thumb in the opponens position. The "twists" that are needed in order to make the hypothenar and opponens bars truly conform to the metacarpal area of the hand are made by using the same slots as were used before, twisting the distal edge of the opponens bar out, or

†Instructor in occupational therapy, Rackham School of Special Education, Eastern Michigan College, Ypsilanti, Michigan.

*Used in the construction of aluminum hand splints and other adapted devices that are made of 12, 14, 16 or 18 gauge metals. Monel, stainless steel or brass of the above mentioned gauges can also be used. In addition, these blocks can be used for molding Plexiglas or Royalite and if desired for this purpose, it is suggested that no finishing material (varnish, Fabulon, etc.) be used on the blocks.

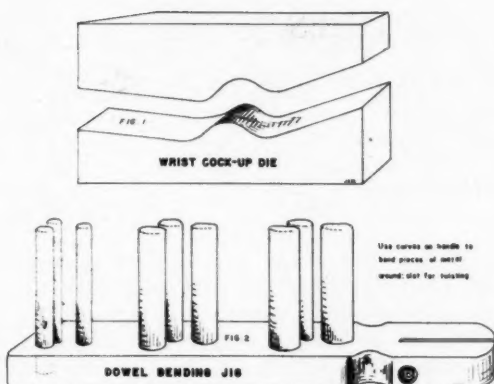


Plate Three

away from, the midline of the hand, and doing the same with the hypothenar bar. This twisting effect is necessary because the hand in the metacarpal area spreads out, or widens, from the wrist joint to the metacarpal-phalangeal joint. This twisting makes the bars of the splint conform to this "widening nature" of this part of the hand.

The next types discussed are also concave/convex dies (Plate One, Figures 4 & 5.) The more gently curved blocks are used for bending the distal and proximal cross bars of the hand splint or for putting gentle curves into an adapted device. These dies function best when used together in a vise. The other types (Plate One, Figures 1, 2 and 3) with the more pronounced curves, or half circle effect, are used mainly for curving the C-bar (thumb spreader bar) of the hand splint. These dies are designed by using a dime, nickel and quarter as templates to fit the adult male, female and/or child's hand. These dies also work best when used in a vise. Place the thumb-spreader bar (C-bar) is between the two parts of the die, tighten the vise jaws, and slowly bend or press the metal piece into shape. A beautifully curved C-bar is easily and quickly made.

The last types of jigs (one of which was designed from a very small commercial wire bending jig) were made with half inch, five-eighths inch and three-quarters inch (or one inch) birch dowels. (Plate Three, Fig. 2, and Plate Four.) Two of each set of three dowels are placed only 12 gauge (.078) or preferably 14 gauge (.0625) apart, while the third dowel (of the same diameter) is set about a half inch away. All sets of dowels are about three and one-half inches long. Each is counter-sunk about one-half inch to three-fourths inch into the maple block base. All dowels should be removable, so that they can be taken out in case they are ever in the way.

These dowel types of jigs can do some of the same functions as the jigs and dies previously described in bending the hypothenar or opponens bar, or placing a desirable curve on the proximal or distal cross bars of a splint. The slots are provided for the same purposes as those on the other types of jigs, and like the others, these jigs are used best in a vise, or they can be permanently secured to a work bench.

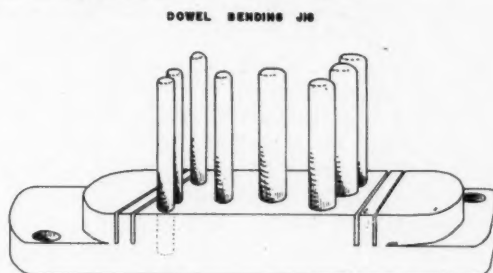


Plate Four

It is rather difficult, however, to make a C-bar with this type of jig or bend a nicely rounded curve or a variety of small half circles. However, if it is desired to make a quick but minor adjustment on a splint, these jigs usually do the trick. Some people actually prefer this type of jig to the other kinds and are more adept in using it. It is recommended however, that all types described here be present in a department, thus making available the jig or die which is best.

There are no set measurements to be used when making these bending jigs or dies. The sizes of the ones illustrated were determined by the kind of lumber that happened to be available at the time when they were made which was maple measuring one and one-half inches by two and one-half inches by four inches or five inches or one and one-half inches by three inches or four inches by ten and one-half inches. It is felt that the one and one-half inch thick blocks are preferable to the original three-quarter inch thick ones that were previously used in the department. Maple and/or birch is best, but any hard wood could be used in the construction of these dies or jigs. The cost of making the entire set is negligible in comparison with the cost of commercial metal bending rollers. The advantages of wooden jigs or dies are many. Desired sizes and shapes are limited only by the imagination. These jigs (if used as indicated) will last a considerable length of time. One precaution should probably be noted in their construction: always attempt to leave at least a half-inch (or more) of wood between any slot or cut and the edge of the block, or a curve and the edge of the wood. This

(Continued on page 25)

PSYCHOLOGICAL ATTRIBUTES OF OCCUPATIONAL THERAPY CRAFTS* †

PHILIP A. SMITH, Ph.D.†
HELEN S. BARROWS, O.T.R.‡
JAMES N. WHITNEY§

Patients are seldom assigned to occupational therapy for purposes of physical rehabilitation alone, but for whatever psychotherapeutic aid they may obtain. For this reason, therapists give important consideration to the symbolic connotations and need-fulfilling potential of the crafts they employ. While the interpersonal relationship with the therapist is an important treatment variable, it is the craft which serves as the therapist's primary tool in working with a patient to meet his special needs. In psychiatric settings, for example, a prescription may call for the selection of crafts that "reinforce masculine identification," or "provide a means for expression of unconscious hostility," et cetera.^{2,3,6} On what basis is the therapist able to make such selections? Do crafts in fact convey such rich meaning as many therapists assume?

It is generally agreed that psychiatric occupational therapy suffers from a lack of basic research material to which an investigator can refer. The study by Tabor, Baron, and Blackwell,¹⁰ which was based on a logical analysis of the physical and psychological properties of 30 crafts, was to our mind rightfully criticized by Tucker. He objected to "... the ease with which the investigators assigned psychological needs to the various tasks in occupational therapy ... They justify this procedure by appeal to the authority of the 'literature,' which is perfectly legitimate if the literature is adequate, but one wonders whether this is not a major problem in itself."¹¹

While the usual method of evaluating the symbolic connotations of a craft or activity has been to analyze its psychological characteristics on a logical basis, the desire to verify and extend the implications drawn from such analyses has led occupational therapists to an interest in empirical research methods. Illustrative of this interest was the 1954 research symposium at which occupational therapists, psychologists, and physicians of national repute collaborated to outline promising research techniques and potentially fruitful areas for investigation.¹ A need was stated for research in the following areas: (a) classification of activities into a graded series; that is, graded according to appeal, energy requirements, or other characteristics; (b) determination of patients' attitudes toward various crafts; and (c) evaluation of occupational therapy modalities for patients with different rehabilitation goals.

METHOD

The present study was designed to provide some basic, empirically derived information about the psychological properties of occupational therapy crafts as viewed by persons with different rehabilitation aims, and also to grade and classify the crafts according to the meaning or connotation they convey. This was done by asking three different groups of hospital patients, together with a group of occupational therapists, to rate a number of common crafts on a series of descriptive adjectives. For the purposes of this paper, the terms "meaning" and "attitude" will be used interchangeably. "Attitude" is operationally defined as the meaning ascribed by a person to some thing or object.

Subjects (S's). Five female occupational therapists, and three groups of all male patients equated for age and occupational background were studied. The *psychiatric* group included 12 patients from an open (privileged) neuropsychiatric ward who had been hospitalized for acute psychotic break, character defect, or psychophysiologic disorder. The *tuberculous* group included 12 patients in all stages of disease, none with any diagnosed psychiatric condition. The *medical-surgical* group included 12 patients from several hospital wards who had no diagnosed psychiatric or tubercular involvement.

Construction of the rating scale. All S's were asked to describe occupational therapy crafts on a special rating scale which was constructed as

*The present study was a joint effort of the psychology section of the Medical Research Laboratory and the occupational therapy section of the physical medicine and rehabilitation service, Ann Arbor VA Hospital. Funds were provided by the psychiatric service of this hospital. The authors wish also to acknowledge the contributions of Mrs. Eftihia Sorolis, former chief of occupational therapy, under whose aegis this study was begun; Mrs. E. B. Kemner, who collected the data; Barbara Gratke, Patricia Lux, and Nancy Truog of the occupational therapy staff for their cooperation in all phases of the study; and the psychiatry research committee for their interest and stimulation. Appreciation is expressed to Dr. Julian Lasky and Professors E. Lowell Kelly, Milton Rokeach, and Gerald Blum for their helpful criticisms of the manuscript; and to Mrs. Gloria Horn for her secretarial assistance.

†The views expressed are those of the authors and do not necessarily represent the opinions or policy of the Veterans Administration.

‡Veterans Administration Hospital, Ann Arbor, Michigan.

§University of Michigan, Ann Arbor.

Scales Used in Rating Occupational Therapy Crafts

Big						Little
Easy						Difficult
Noisy						Quiet
Soft						Hard
Heavy						Light
Masculine						Feminine
Clean						Messy
Boring						Interesting
Valuable						Worthless
Smooth						Rough
Ugly						Beautiful
Fast						Slow
Delicate						Rugged
Active						Passive
New						Old
Angry						Calm
Important						Unimportant
Curved						Angular
Tough						Tender
Appealing						Unappealing

TABLE I

follows: Twenty pairs of adjectives (Table I) which characterize many crafts were selected by a staff of five registered occupational therapists from a longer list compiled by the senior author. The terms were descriptive of various psychological and physical attributes that have been ascribed to the crafts elsewhere in the literature.^{3,6,10} Only words understandable to persons within the average range of intelligence were used. The twenty sets of adjectives finally selected were arranged so that each pair of antonyms comprised the end points of a seven-point rating scale.

Test booklets were prepared following the format shown in Table I. Each page included all 20 scales, and successive pages called for ratings of separate crafts. However, the order of scales and crafts was systematically varied so that error arising from sequence or rank order effects could be randomly distributed among all categories under analysis.

The nine crafts selected for study were suggested by the occupational therapy staff as representative of a range of widely used and easily defined activities. Table II shows the list of crafts as they were defined to the patients for purposes of rating.

Testing procedure. S's were tested individually or in small groups in the clinic area, on the ward, or at their bedside. Testing was done in all cases by an occupational therapy student who utilized a standard approach and standard set of instructions supplied by the psychologist. The attitudes of patients toward their therapist was assessed as a part of an investigation of patients' self-concept and concepts of others. To have had the regular therapist serve as tester might have influenced

Occupational Therapy Crafts as Defined for Study

Artwork—painting, drawing, sketching
 Ceramics—using preformed molds to make ceramic pieces
 Clay—shaping things of clay by hand
 Copper tooling—pressing designs on copper foil
 Leatherwork—lacing, tooling, and carving leather.
 Metal hammering—forming objects from sheet metal
 Needlework—sewing, knitting, crocheting
 Weaving—using a loom to make things from yarn
 Woodwork—constructing objects out of wood*

*In the present hospital setting this activity did not include the construction of major items of finished furniture.

TABLE II

these ratings. Interest and cooperation was for the most part good, although tuberculous patients were in some instances mildly resentful and required greatest assistance and encouragement to complete the ratings.

Factor analysis of scales. Electronic data processing equipment available at the University of Michigan Statistical Laboratory was utilized in this portion of the study. The quartimax method utilized was developed by J. O. Neuhaus and C. F. Wrigley, and is described in the *British Journal of Statistical Psychology*, July, 1954, pps. 81-91. Each scale item was scored from one to seven, with scores of four representing a neutral or ambivalent judgment. Intercorrelations based on the ratings of all S's on all nine crafts were computed for the 20 semantic scales, and the intercorrelation matrix thus generated was factor analyzed and rotated by the quartimax method. Four meaningful factors, accounting for 60 per cent of the total variance, were identified. A fifth residual factor was obtained but not interpreted.

RESULTS

Description of factors. Table III shows the factor loadings for each of the 20 scales. Each column represents a concept (factor) defined primarily by the adjectives with numbers of |40| or greater in the column. Adjectives with loadings less than |40| do not contribute much to the meaning of a factor.

Factor I, *appeal*, corresponds to an "evaluation" dimension described by Osgood.⁸ It reflects the subjective appeal or relative value placed on the various crafts. It is defined by the terms *valuable*, *appealing*, *interesting*, *important* and *beautiful*; and their opposites *worthless*, *unappealing*, *boring*, *unimportant* and *ugly*.

Factor II, *potency*, corresponds closely to a potency factor isolated by Osgood⁸ and replicated by others.⁴ It is defined by the terms *heavy*, *noisy*, *hard*, *rugged*, *masculine*, *rough*, *angry*, *tough*, *angular* and *big*; and their opposites *light*, *quiet*, *soft*, *delicate*, *feminine*, *smooth*, *calm*, *tender*, *curved* and *little*. This factor seems to tap masculine, aggressive, potent aspects of the crafts, or

Orthogonal Factor Loadings

Rating Scale Items	Factors			
	I	II	III	IV
Big — Little	29	54	-15	18
Easy — Difficult	19	-12	63	-31
Noisy — Quiet	02	87	20	-09
Soft — Hard	13	-83	09	-21
Heavy — Light	-11	89	11	25
Masculine — Feminine ..	-06	79	-21	-01
Clean — Messy	11	13	31	-62
Boring — Interesting ..	-79	23	-19	00
Valuable — Worthless ..	83	-17	00	-03
Smooth — Rough	25	-70	08	04
Ugly — Beautiful	-64	33	32	01
Fast — Slow	14	-01	77	06
Delicate — Rugged	20	-81	-20	28
Active — Passive	37	40	53	-06
New — Old	12	01	35	-04
Angry — Calm	-19	67	23	16
Important — Unimportant	81	06	26	02
Curved — Angular	05	-55	39	30
Tough — Tender	02	76	-44	-06
Appealing — Unappealing	80	-05	18	-02

*Decimals omitted.

TABLE III

conversely, delicate, nonaggressive elements.

Factor III, *difficulty*, is defined chiefly by the doublet *easy-difficult* and *fast-slow*. The other loadings on this factor suggest that one extreme of the dimension is probably characterized by *easy*, *fast*, *active*, the other extreme by *difficult*, *slow*, *tough*. It has some correspondence to Osgood's "activity" factor and to the "oriented activity" factor isolated by Jenkins, Russell and Suci.⁴ In the present study it was considered to represent complexity and difficulty, or conversely, the relative simplicity of the crafts and the speed or ease with which they could be performed.

Factor IV, *cleanliness*, is uniquely defined by the adjectives *clean-messy*. Other scales with possible anal connotations did not load appreciably on this factor.

Derivation of factor scores. Factor scores for each *S* on each of the crafts were derived by summing across combinations of scale items which offered the purest definition of a particular concept. For example, the items boring-interesting, valuable-worthless, important-unimportant and appealing-unappealing were fairly pure measures of Factor I (appeal). The total of an *S*'s ratings on these four scales for a given craft was his *appeal score* for that craft. In the case of items with negative loadings, scales were reversed before totaling.

Separate analyses of variance, described by Lindquist as Type I designs,⁵ were utilized to evaluate the significance of differences between crafts and between groups on factor scores for each of the four dimensions isolated. These findings are summarized in Table IV. An explanation of the entries in Table IV is in order.

Differences among Crafts and Differences among Patient Groups on the Four Factors

Factor	Crafts	Groups	Interaction Crafts & Groups
Appeal	.001	.05	n.s.*
Potency	.001	.01	.01
Difficulty	.001	.01	n.s.*
Cleanliness	.001	n.s.	n.s.*

*Not significant.

TABLE IV

Assuming the null hypothesis, the significance levels indicate the odds, or probability, that the findings might have occurred by chance. A figure of .001 means that the odds are less than one in a thousand that the results were due to chance. This hypothesis seems too unlikely, and the investigators therefore assume that the differences are real and due to features inherent in the crafts and in the groups.

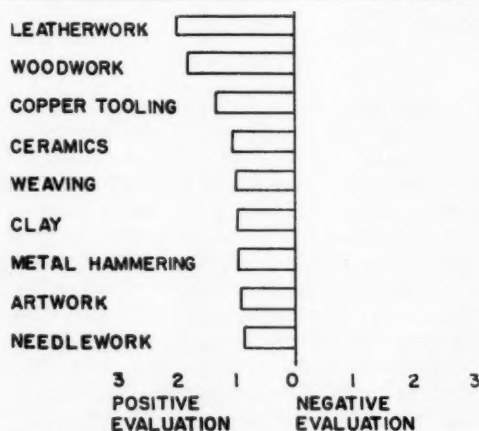


Figure 1. Comparison of Crafts on the Appeal Dimension.

Appeal. The first line in Table IV shows the results for the appeal dimension. The first entry shows that there were significant differences in the ratings given the various crafts. Examination of Figure 1, which presents this portion of the results graphically, shows that all crafts were positively valued (*i.e.* beyond the neutral point on the scale), but that two tasks, leather and woodworking, held greater appeal than any of the others. While all crafts were rated at least moderately appealing, ceramics, weaving, metal hammering, clay, art and needlework, in respective order, were rated least appealing. Copper tooling held an intermediate position, a poor third to the two most popular crafts.

The significant between-groups difference (second entry in line one of Table IV) indicates that the groups differed among themselves in the average rating assigned all crafts. Examination

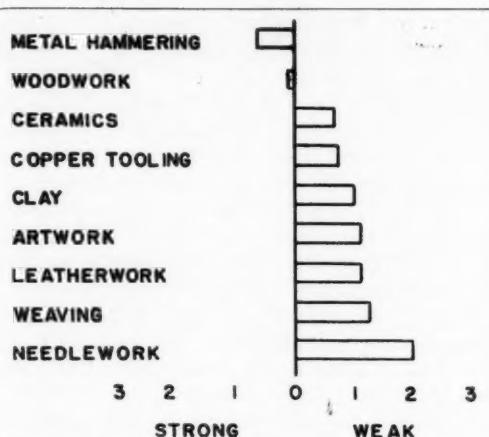


Figure 2. Comparison of Crafts on the Potency Dimension.

of the group averages (data not shown) indicated that tuberculous patients in general rated the crafts as less appealing than the medical-surgical group. The average value attributed to the crafts by the psychiatric group lay midway between the means for the other two groups, and did not differ significantly from either.

The finding of the tuberculous patients when asked to make their ratings, may reflect the dissatisfaction and unhappiness that has been noted as characteristic of such groups. The difference may also indicate a generalization of the attitude toward the craft more typically assigned to them than to other patients, namely needlework, which is rated relatively low in appeal by nearly all persons, regardless of diagnosis.

The nonsignificant interaction (third entry in Table IV) may be interpreted to mean that the pattern of differences in appeal noted with respect to the crafts was relatively the same from group to group.

Potency. A similar analysis was carried out for the potency factor. As is apparent from the adjectives defining this factor, a masculine-feminine domain is probably tapped. The results of the analysis (see Figure 2) showed that metal hammering was rated as the most potent of all the crafts. It differed significantly from all others, although woodworking ran a fairly close second, particularly for the psychiatric patients. The remaining crafts were rated nearer the soft, delicate, feminine end of the domain; copper tooling and ceramics somewhat less so than the others; needlework by far the most. The fact that weaving was rated low on potency, even though it requires large, heavy equipment, suggests that patients took into account more than the physical magnitude of the apparatus involved. Very likely the type of materials, in this instance yarn, influenced the ratings. It is possible also that the findings reflect

the cultural stereotype that any task which may be classed broadly as a domestic activity is typically considered a woman's job.

Significant differences between the groups were also noted (see the second entry in line two, Table IV). The medical-surgical patients in general rated the crafts uniformly less potent than did either the tuberculous or psychiatric groups. One can speculate that this may be due to less need on the part of the medical patients to defend against felt inadequacy and inferiority. Or it may be that the other groups, who as a rule receive more hours of instruction, experience occupational therapy as a more potent therapeutic force, and their ratings reflect their involvement in the procedure.

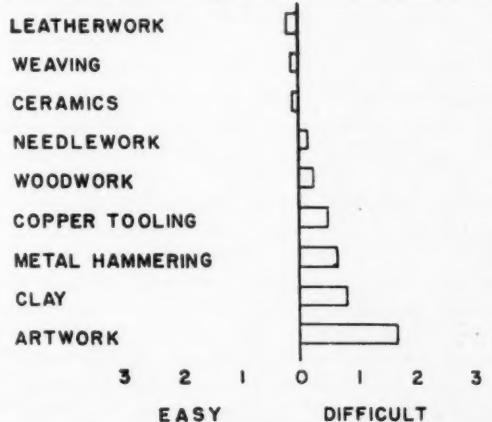


Figure 3. Comparison of Crafts on the Difficulty Dimension.

The source of the significant interaction (third entry in line two of Table IV) resulted from the tendency of the tuberculous group to rate art, ceramics, clay and needlework somewhat higher in potency than the other groups, and from the tendency of the psychiatric group to rate woodworking and metal hammering highest on potency. The psychiatric patients in general were more extreme in their judgments on this dimension than the other groups.

Difficulty. The results for ratings of craft difficulty are graphically shown in Figure III.

Artwork was rated harder to perform than all other crafts. Only leatherwork, weaving and ceramics, in respective order, were rated even slightly toward the "easy" end of the scales making up this factor.

Small but statistically significant differences between the patient groups were noted. The psychiatric group rated most crafts as rather difficult, and to a lesser extent, the tuberculous group did also. The medical-surgical patients, however, rated crafts on the average a good deal easier to perform. This finding confirms an impression formed by

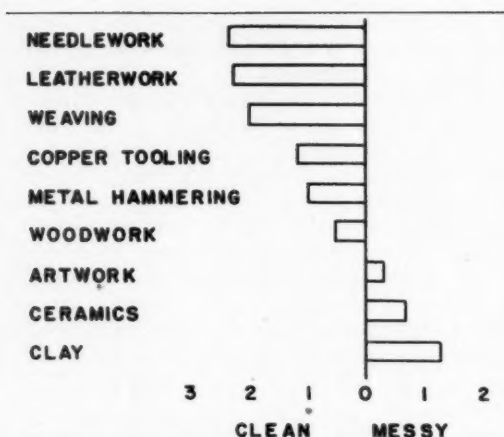


Figure 4. Comparison of Crafts on the Cleanliness Dimension.

the occupational therapists at this hospital. It has been their practice to assign short-term projects to transient medical patients, whose objective must be geared to a short hospital stay. As a consequence, some additional complicating feature is sometimes added to the crafts assigned the latter group, in order to stimulate and maintain their interest. Psychiatric patients as a rule appear to develop greater emotional involvement, and their perception of occupational therapy as difficult may be one aspect of a more general attitude rooted in failures and difficulties encountered in connection with other life problems.

Cleanliness. Needlework leatherwork and weaving, in respective order, were rated very high on this item by all the groups. Only three crafts—artwork, ceramics and clay—were rated messy, and of these, clay significantly outstripped all others. These differences, which were well beyond the chance level (Table IV) are shown graphically in Figure 4. There were no differences between the groups in their overall evaluation of the crafts, and with a single exception, their ratings corresponded closely to those made by the occupational therapists. Apparently degree of cleanliness (or messiness) is a rather specific attribute which can be easily identified and readily agreed upon.

Comparison with occupational therapists. The five female occupational therapists rated each of the crafts on scales identical to those used by the patients. The therapists agreed fairly well among themselves (average correlation between pairs of raters on all crafts was .61) but they differed from the patient groups. For example, metal hammering held little appeal for them, but they rated needlework, art, weaving and working with media such as leather, wood and clay as high in value and appeal. The therapists were more extreme in their ratings of masculine-aggressive and feminine characteristics of the crafts, but the

direction of their judgments was in substantial agreement with the patients. Unlike the patients, they rated all crafts except art and woodworking "easy" to perform, and considered woodworking to be about as messy as molding clay.

These dissimilarities of viewpoint may be ascribed to sex differences, to the greater training and experience of the therapists, or to a combination of these and other variables. They highlight the fact that patients may approach an occupational therapy situation with attitudes somewhat at variance with those of the therapist.

Comparison of experienced S's with novices. Few of the S's had training in all nine crafts, so for each craft it was possible to compare the ratings made by trained and untrained patients. The experienced (trained) groups rated crafts less difficult than novices nine times out of nine and more appealing in seven of nine instances. The hypothesis that experienced patients would agree more closely with the therapists' attitudes was tested, but not confirmed. Apparently favorable shifts in attitude occur as a result of experience with a craft, but the new attitudes are not necessarily more like those held by the therapists.

DISCUSSION

Factor analysis has great usefulness as an investigatory tool in a field where basic concepts have been only tentatively identified, and where the relatedness or organization of these concepts is not well established. In this study the relationships among 20 variables used to describe occupational therapy activities were determined, and a more fundamental structure underlying these relationships was found. The results suggest that the meaningful aspects of crafts may be reduced primarily to statements about their *value*, *potency*, *difficulty* and probably also a number of lesser, more specific attributes, e.g. *cleanliness*. The correspondence of these findings to the studies of meaning conducted by Osgood has already been mentioned. He suggests that any meaningful concept may be described by three major connotative factors, which he has labeled *evaluation*, *potency and activity*. It would seem warranted to conclude that the aspects of occupational therapy touched upon in the present investigation are allied to and help broaden the findings of research workers in other areas of study.

There are several features of this study which should be taken into account when interpreting the findings. The precision of the results was lessened somewhat by small sample size and by the fact that S's were not equally familiar with all crafts. The patient S's were all males. The nature of the measuring instrument which utilized only a portion of the adjectives that might have been selected as descriptive of occupational

therapy should be considered also. (Norman's evidence regarding the reliability of individual ratings of the semantic differential is relevant to this discussion.⁷ Other factors which may have influenced patients' ratings but which were not specifically studied were (a) the end product of a craft activity, (b) the intended recipient of the product, (c) the nature of the patient-therapist relationship during the instructional period and (d) emotional and situational differences at the time of rating.

Despite these limitations, the results have immediate practical value and serve as a standard with which casual observations of craft characteristics may be compared. Within the present hospital setting the findings are employed to aid in the selection of crafts consonant with desired treatment goals. A few examples may be given for purposes of illustration.

1. An occupational therapist working with tuberculous patients reports that newly admitted men with a limited activity regimen are commonly offered some light and sedentary project. They frequently express dismay or outright negativism and refuse to perform tasks such as knitting and crocheting, and more readily accept small leather projects or ceramic painting. While needlework becomes more readily accepted (and as the present results indicate, even moderately appealing) once the senior members of the ward are persuaded to sanction its adoption, leatherwork in increasingly used as an alternative—it is more appealing, less obviously feminine, and rather simply and easily done. Wood carving, except for its difficulty, might offer similar advantages.

2. In connection with a study of depression undertaken by the psychiatry service, occupational therapists were asked to devise activities that might stimulate external expression of anger and resentment, or move patients to reassert their personal worth and self esteem. Repetitive activities with low appeal were presumed suitable for this purpose, and while their use is still experimental, the objective selection of crafts combining some of the desired characteristics has become possible.

3. In working with overly aggressive patients who require an outlet for controlled expression of hostility, a different rationale is followed. Since the potency factor was defined by scales which seem to indicate the extent to which a craft permits aggressive expression, therapists most often suggest crafts rated high on this factor (metal hammering or woodworking) to belligerent patients. The same crafts are suggested also to highly docile, submissive men who are to be encouraged in some masculine aggressive pursuit.

The findings and their utilization confirm a number of reasoned assumptions developed over

the years by occupational therapists. Working with wood and metal has long been thought suitable for developing masculine identification, and for serving as a focus for hyperactivity or as a channel for the controlled expression of hostile, destructive impulses. The potency ratings given these crafts together with evidence from studies of metabolic requirements for performing the crafts⁸ support this view. It has not generally been recognized, however, that nearly all the other crafts are described as essentially delicate and feminine, and thus potentially threatening to a sexually confused male patient.

Artwork, which is said to require talent, initiative and fine-motor skill, is thought to offer a relatively unstructured opportunity for creative expression and affective display, although it is considered a poor task for the direct expression of hostility. The low potency and high difficulty ratings on artwork confirm the view with respect to hostile expression and skill required, but give no evidence regarding the other characteristics.

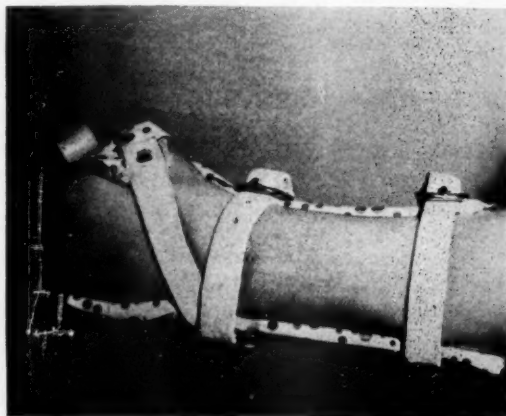
Clay and art materials, because of their messy, formless and easily manipulatable qualities, have commonly been provided to regressed patients, on the assumption that unstructured manipulation of these materials is at once an easy and regressively satisfying (anal) activity. Throwing and pounding clay to remove air bubbles (wedging) is thought to permit the expression of hostility. These assumptions are not fully supported by the present findings, although none of the activities described is directly comparable to the crafts studied. Ceramics, clay and artwork (all of which utilize manipulatable media) were rated weak on the potency dimension (poor for hostile expression). Artwork and to a lesser extent working with clay were considered very difficult tasks. All three crafts were rated "messy." It seems fair to say that while free manipulation of wet paints and clay may be suitable for regressed patients, finished art and ceramic work, and shaping clay into artistic forms likely calls for greater skill and attention than such persons can sustain.

In contrast to crafts that may be suitable for direct satisfaction of regressive anal impulses are those which may help reinforce obsessive-compulsive defenses. Crafts which require repetitive motions, have a detailed and highly structured procedure, are not obviously destructive, and which in general are clean and neat are said to satisfy compulsive needs for regularity and orderliness. The cleanliness dimension may be the best single indicator of compulsive features since no scales dealing specifically with regularity, orderliness or repetition were included. Needlework, leatherwork and weaving, all of which have been described elsewhere^{9,10} as fitting the compulsive

(Continued on page 25)

A FUNCTIONAL HANDSPLINT

MARGARET K. WOOD, M.A.O.T.*



Two Views on the Functional Handsplint

A simple and inexpensive method of making a functional handsplint for children with cerebral palsy has been devised. The advantage of this splint is its ease of construction, since it requires few tools and can even be made in the child's own home.

All that is required is a pair of pliers, scissors, leather punch and hot plate. The materials needed are gelatine, one-quarter inch white orthopedic felt, scrap leather for straps, speedy rivets and one-half inch buckles. Moleskin or adhesive shelf paper is optional for finishing.

PROCEDURE

The felt is cut to the required pattern. Straps and buckles are attached using speedy rivets. A solution of gelatine is made using one packet of unflavored gelatine to one-half cup of cold water. This is heated over a pan of hot water until the gelatine is dissolved. If the gelatine is placed in hot water it may become lumpy and as the splint dries it will be rough. The felt is immersed in the solution until it is saturated. It is then removed and allowed to cool until lukewarm. The splint is molded to the hand and held in position for approximately five minutes. The splint is removed carefully, retaining the shape, and allowed to dry slowly in the atmosphere, usually two or three days, dependent on weather conditions. If the splint is dried rapidly with oven heat it will curl or crack. It will not dry under refrigeration. After the splint is completely dry it is fitted, and any alterations are easily made by dampening and remolding or by filing off the edges. The splint is worn approximately two weeks to ascertain that it is comfortable and is holding the hand in the de-

sired position. It is then covered and lined with adhesive shelf paper and moleskin.

DISCUSSION

Most splints last about six months but since they are so simple and inexpensive to make, they can always be replaced or redipped in the gelatine solution.

The felt-gelatine handsplint has many advantages over splints made out of plastic or metal. The main advantage to the therapist is that the splint saves time, it can be made during a one-half hour treatment period and worn in about a week. It is inexpensive and can be made out of scrap material for only a few cents.

Children as a rule adjust more quickly to the wearing of the splint because it is light and comfortable to wear. It is easy for the parents to put on, because it is not bulky and clothing can be put on over the splint. The splint can be finished attractively and the child can be given the responsibility of choosing the covering material. One disadvantage of the splint is that it is hard to keep clean and dry, but the use of lining material that can be wiped or replaced helps correct this.

*United Cerebral Palsy Ass'n of Chautauqua County, Inc., Jamestown, New York.

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NATIONALLY SPEAKING

From the President

The "tumult and the shouting" of the national conference in New York City has died and those of us who were able to attend have returned to our jobs stimulated and enriched by the experience. The subject, "Communications," was presented in many varying aspects, emphasizing dramatically how basic is our need for understanding one another. The general response was most enthusiastic and certainly everyone found something which could be put to practical use.

From time to time we hear occupational therapist say that they see no need of or reason for attending national conferences or even state meetings. Sometimes the reason given is the cost. Many a hospital superintendent will allow time and will even give financial assistance, if he is asked, and understands that the employee is desirous of going to professional meetings in order that he may have contact with others who may shed light on some of his problems; that he may learn new methods; that he may grow professionally, or that he may contribute to the growth and development of occupational therapy. Many occupational therapists consider it well worth while to pay their own expenses and to attend as frequently as their budgets permit. There is no person who serves on committees or accepts professional responsibilities who does not contribute generously, not only of his time and effort but in actual funds. This cooperation and contribution is one of the basic principles of our democratic way of life. Every one of us has a voice in deciding our policies and procedures but, as a corollary of this, so does every one of us have a responsibility to assist and to contribute to the whole.

For many years the American Occupational Therapy Association had practically no funds which could be used for assistance to committees. For approximately the last ten years it has been possible to pay actual travel expenses (tourist) to such committees as the registration committee and for the last two years to pay partial expenses of the Speaker of the House. This has permitted an increase in the geographical spread of persons who have served on committees. The grants which have been received have permitted country wide distribution of special workshops and conferences (such as Allenberry, O.V.R. and recruitment) which have involved large numbers of our membership across the country. It is hoped that this can continue in still greater measure in the years to come. There will never be enough money but if we ask for

assistance from our local institutions so that we may attend annual conferences our membership may as a whole become more and more personally involved in the operation of our national association with a resultant growth in strength and development. We look forward in the New Year to greater and greater participation and hope that every one of you who has not attended a national conference will have the opportunity to do so and will not be deprived of the experience which it gives.

Helen S. Willard, O.T.R.
President

From the Field Secretary Cons

Your field consultant in rehabilitation is in a unique position in the national office since she is able to establish person to person relationships with those who are working in the field. She has the opportunity to visit actual work situations and discuss the programs in the light of her own observations as well as the problem situations which the therapists present to her. In this way she has a better understanding of the perplexing details and can make more pertinent suggestions than she would be able to contribute if such matters had to be handled through correspondence. This side by side contact can be referred to as "lateral relationships."

Many therapists are never in a position to visit the national office and infrequently able to attend national conferences, so they have little or no opportunity to get acquainted with national office personnel. There is always a feeling of timidity about contacting people whom one has never met personally. By having a consultant who will be in the field at least half of her time, it will be possible to bring about a much closer bond between the individual therapists in the field and the national office staff.

As the consultant goes into an area she will visit student affiliation centers and meet the student therapists as well as the staff. If state or area meetings are scheduled for the time that she is nearby she will have the opportunity to become acquainted with numerous other therapists. All of these contacts should serve to encourage a sense of freedom on the part of all to call upon her to assist in solving problems at either the administrative or the technical clinical level. Her availability to come to their sides, literally as well as figuratively, is a fact that we wish the entire membership to be aware of and

make use of as the occasions present themselves.

May we urge you to make full use of this consultative service that is available and in so doing to establish a "lateral relationship" that will be mutually advantageous to you as a therapist and to the association as a whole.

Irene Hollis, O.T.R.

Field Consultant.

From the Education Office

It is with pleasure that the education office announces the names of those examinees who successfully completed the June 27, 1958, registration examination.

Adair, Suzanne D.
Adamson, Margaret J.
Alderman, Margaret E.
Alexander, Shirley M.
Allison, Martha Jeane
Alyn, Donna H.
Asper, Shirley M.
Barber-Starkey, Mary
Barsten, Louise V.
Beauchine, Dell R.
Beck, Gertrude M.
Beimdieck, Ann A.
Bell, Avalon Y.
Berrios-Pagan, Zaida R.
Birch, Joanne
Blaha, Arlene A.
Bonawitz, F. Karen A.
Boss, Barbara L.
Bowden, Beverly J.
Boyd, Janet K.
Breuch, Barbara M.
Brightbill, Grace D.
Brinkley, Betty H.
Brubaker, Kathleen A.
Brunelle, Elaine T.
Burgess, Shirley W.
Cairns, Joan
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Carlson, Judith A.
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Cavanaugh, Joan A.
Chadwick, Alice
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Chambers, Marian G.
Chapman, Jean M.
Chase, Marcia A.
Chase, Margaret A.
Christensen, Carla May
Clark, Marilyn J.
Clauer, Lois A.
Clayton, Ann K.
Cleveland, Marian B.
Clinard, Ruth F.
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Coleman, Dorothy H.
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Cornish, Carol N.
Cramer, Sara C.
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da Costa, Gertrude B.
Davids, Suzanne
Decelle, Joan P.

Degenhardt, Joan A.
Deliz, Reinaldo R.
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de Principe, Hilda L.
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Einstein, Gina
Ellington, Euna T.
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Fennig, Lois E.
Fiehmann, Marla L.
Fischbach, Joan E.
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Goldman, Leita J.
Goodall, Constance M.
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Greiner, Jean R.
Gromme, Anne M.
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Guth, Sandra G.
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Hu, Katherine M.
Hunt, Ann M.
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Jacob, Kay J.
Jahnke, Mary E.
Jillson, Nancy L.
Johansson, Mary G.
Johnson, Evonne C.
Johnson, Joanne M.
Johnson, Miriam C.
Jores, Esta F.
*Joslyn, Arlene G.
Juanitas, Lilliam P.
Kawakami, Mariko M.
Khaleel, Gameela S.
King, John C., Jr.
Kleih, Mary V.
Klein, Madelyn
Klusendorf, A. Jane
Koehler, Sonja
Kratzke, Maureen S.
Krueger, Marilyn K.
Kuntz, Janelle A.
Larson, Linnea A.
Lawson, Inez E.
Leavitt, Sue H.
Lee, Marietta C. S.
Levine, Jean M.
Lewis, Nanci G.
Libby, Joan R.
Lilienblum, Blanche
Lobel, Rheta B.
Lofgren, Joan E.
Loo, Carol A.
Lotshaw, Marjorie P.
Lum, Alicia K.
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Marsh, Gwendolyn A.
Matheis, Marilyn
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Matsuoka, Amy K.
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Mayhew, Judith A.
McClelland, Margaret L.
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Northrup, Marion K.
Norton, Yvonne S.
Okada, Vivian K.
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*Completed with honors.

Virginia T. Kilburn, O.T.R.
Director of Education

Therapeutic Community . . .

(Continued from page 10)

A difficulty we encountered at this hospital was attempting to set up a formal patient government program. Patients wrote notes complaining that "we" were paid to run the hospital, not them. Whether this represented a local sociological phenomenon, or whether the plan was presented wrongly, we do not know. At least the patients formed a type of primitive government to cast their votes against a government.

What are the results of this system? Patient population has decreased (even after the decrease attributable to the drugs) in spite of a definite increase in admission: almost 25 per cent increase last year over the previous years. This is not coupled with an increase in readmissions. Voluntary admissions are at a new high of 25 per cent. Dr. Rees was able to open 100 per cent of his wards, but because of timidity on our part, we have not been comfortable about trusting our treatment to that extent; we have opened 80 per cent of the hospital, without an increase in elopements or other conditions which would upset the community. We feel the open door releases much of the feeling of confinement that goes with hospitalization of this type and, most important of all, the patients seem happier about their hospitalization.

There are a great many things that need to be done to make this a more therapeutic community. More doors need to be unlocked. Last month, four patients had some type of restraint; this should be done away with completely. More

patients should be admitted voluntarily. A patient government system should be presented in a different fashion. A greater emphasis needs to be placed on shorter hospitalization. Departments need to be even better coordinated to attain the above goals. Our own fears and prejudices have been factors which have slowed us down in reaching these goals.

Jigs and Dies . . .

(Continued from page 15)

gives the jig added strength, especially when bending or working with the heavier gauge metals.

CONCLUSION

For the therapist who desires to make aluminum splints or adapted devices, these maple bending jigs and dies are probably the easiest pieces of equipment to use, as compared with other types of rollers or curving devices. They take less skill than other media and much less strength is demanded of the therapist in bending pieces of aluminum or metal. (Some commercial rollers demand so much muscle power that they are beyond the capabilities of many therapists to operate.) The maple blocks do not have "gears" that can become clogged with dirt or foreign materials. They do not need continuous adjustments to gain a desired curve, and a metal piece need not be put into the rollers over and over and over again to get a piece correctly formed. The blocks are easy to store when not in use, but they are not unwieldy or in the way when being used. Finally, from the cost standpoint, they will fit into any departmental budget.

All in all, these blocks seem to answer the therapists' "bending problems" above all other accepted methods or devices thus far utilized in the field of adaptive equipment and appliances.

OT Crafts . . .

(Continued from page 21)

syndrome, were rated very clean and low in potency, but with the exception of leatherwork they were rather limited in appeal. Whether or not they might seem more appealing to compulsive patients is an intriguing but speculative question.

Leatherwork has been a traditional favorite with both patients and therapists and occupies a unique position in the present ratings also. It was the easiest, most highly valued and one of the cleanest crafts studied. Its strong appeal may be due in

part to the commercial value of leather and to the relative ease with which attractive finished articles may be completed. Patients who tend to shy away from occupational therapy and those who need ego support or increased motivation may be encouraged to accept treatment by providing them with a leather project. Leatherwork may also be useful with confused or intellectually dull patients who find almost any task difficult to accomplish. As with weaving, once the basic technique is taught the completion of the project is largely a matter of time.

It appears that in following their intuitive or reasoned hunches about the psychological suitability of certain crafts for patients with varying needs, occupational therapists have frequently made apt decisions. An important implication of the present study is that a means for quantitative evaluation of the variables contributing to such decisions is possible. In future research, an attempt should be made not only to extend the series of attributes by which crafts may be graded and described, but to understand better what attitude changes occur as a result of therapy. In the present study it was noted that attitude toward occupational therapy shifted as a result of experience. The rationale underlying treatment is that attitudes toward self and others, toward illness and job may change also.

SUMMARY

The psychological connotations of typical crafts were evaluated by an objective procedure, and major differences among them were found. The results suggest that crafts can be described along a series of dimensions reflecting value, strength, difficulty and some lesser more specific attributes such as cleanliness. The attitudes toward occupational therapy held by tuberculous, psychiatric and medical-surgical patients were contrasted and, while group differences were found, they were not sufficient to indicate that the diagnostic classification of the group in which a patient holds membership should override individual considerations in the selection of crafts or treatment goals.

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Custodial Care Group . . .

(Continued from page 8)

APPENDIX

Observations on the Environment in Building II

Edward J. Petkash

The patients in Building II have been getting up at the same hour, washing at the same hour, shaving the same days of the week, watching the same television programs, and retiring at the same time every night for so long that they resent and will actively oppose anything which interferes with their set pattern of living. This resistance to change is perhaps the first thing which will have to be overcome by anyone seeking to rehabilitate them.

Much of the conversation among the patients is concerned with yesterday—yesterday's friends, yesterday's recreational activities, yesterday's useful occupations. Long institutionalization has deprived them of their vitality and interest in the outside world, and their far too infrequent laughter is strained and of a pattern. Conspicuous by its absence is any evidence of working toward goals. Evident, however, is a certain amount of hostility among the patients which is perhaps an outward manifestation of an inner dissatisfaction with self, a feeling of uselessness and frustration, which I sense in many of the patients. The frequent implicit contrasting of former usefulness with present uselessness in daily conversation is evidence of this feeling of helplessness.

It would seem doubtful that any direct attempt to rehabilitate these men, such as seeking to interest them in sheltered workshop activities, would be successful; most of them are far beyond the point where such an approach would be of value. Indirectly, I feel that much could be done, although my idea may seem revolutionary. A constructive measure would be to hire trained sociologists and psychologists as nursing personnel. I have felt for some time that such people, working as aides and orderlies, could do wonders toward rehabilitating these men. Though they would resist direct attempts at reviving their interests and self-respect, the patients do not seem reluctant to talk to anyone whom they regard as not having an "axe to grind," and they would be more likely to accept suggestions from one who sees them as people rather than as incumbents.

I have depicted Building II as a very unhappy place. Actually, most of the patients are not unhappy; they are reconciled. I never believed it before, but, from the way

I accustomed myself to my surroundings, I now feel there may be some truth in the cliché, "a man can get used to hanging if he hangs long enough."

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Annual Reports

AMERICAN OCCUPATIONAL THERAPY ASSOCIATION

New York, New York
October, 1958

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Lucie S. Murphy

Presiding: Lt. Col. Ruth Robinson, President

It was voted in the interests of expediting business at the national level, that the national office professional staff, including the editor of AJOT, audit future Board of Management meetings.

It was voted to accept the minutes of the previous meeting of the Board of Management, in Denver, April, 1958, with the following corrections: (1) In the report of the committee on national office personnel policies, the second vote should read, "The Board voted, in the interest of better understanding . . .". (2) In the report of the interdisciplinary study group, the recommendation should have the underlined words inserted,

AJOT, XI¹, 1, 1959

" . . . that Miss Mary Reilly be asked to draft a letter, if necessary, at a time she deems appropriate, to the University of California . . ."

It was agreed that a telegram and flowers be sent to Dr. Dunton at once, and that the medal for past presidents be presented to him by Miss Brunyate after the conference.

It was agreed that a small committee be appointed to plan an appropriate function at the next midyear meeting, in Indianapolis, in honor of Mrs. Kahmann on the occasion of her imminent retirement.

EXECUTIVE REPORTS

Report of the treasurer, Wilma West., O.T.R. The treasurer presented a status report on billing and payments to date, on reactions from the membership as to the recently-established raise in annual dues, and fees and on proposed fee increases in connection with the examination and initial registration, as well as the House recommendation that a category for non-practicing O.T.R.'s be established. Board opinion was requested regarding the allocation of two new items, (1) Board and/or executive committee expenses, and (2) other Association committee expenses.

It was voted that the initial registration fee be raised to \$12.00, but that no increase be made at this time in the registration examination fee.

It was voted that the Board approve the establishment of an inactive membership category for non-practicing O.T.R.'s, the dues for this category to be \$6.00, and the privileges to be receipt of AJOT, the Newsletter, and the routine mailings of the Association. This action will become effective for the 1959-1960 fiscal year.

It was recommended that beginning with the New York conference every Board and executive committee member and every Association committee, standing and special, keep an accurate account for the coming year of their expenses except food and that they submit vouchers in support thereof, for pro-rated reimbursement within the new budget allocations for these two items.

Following discussion occasioned by the expense of our current examination procedures, it was recommended that the national registration examination be given further study relative to format, finances and purpose.

It was voted that the report of the treasurer be accepted with deep appreciation.

Report of the executive committee, Col. Ruth Robinson, O.T.R. The executive committee meeting agenda included reports from the treasurer and executive director, consideration of interval meetings for Board and executive committee, national office personnel policies, relocation of the national office, and the recent salary study report. With regard to the latter, the executive committee recommended that the material produced by the salary study be brought to the attention of the membership in a Newsletter clearly delineating the sources and limitations of the study.

Board recommendations included the compilation of dated Fact Sheets (and destruction of these as they become out of date), and further study to bring the category of staff therapist into line with the other categories in the study. Further consideration by the executive committee and the associate director was recommended.

Report of the speaker of the House of Delegates, Margaret Mathiott, O.T.R. Two new state associations have been admitted: Arizona and New York State, the latter being a state association with five districts (Rochester, New York City, Long Island, Niagara Frontier and Central New York).

Progress reports were given relative to the work of a number of House committees: treatment fees for OT,

lowered membership dues for non-practicing O.T.R.'s, malpractice insurance, group insurance. Another House committee will be formed to study a proposed tentative budget for House expenses throughout the year.

House action regarding relocation of the national office consisted of a recommendation that a joint committee, composed of members of the Board and of the House study this question, and produce recommendations for consideration of the Board. Board discussion as to moving the national office dealt fully with the time schedule, financial considerations, and the importance of fulfilling the desire of the membership without losing sight of the realistic problems involved. It was recommended that the delegate Board members be charged with interpreting to the House of Delegates complete Board concurrence and discussion resulting from the recommendations of the joint House/Board committee.

The following officers were elected: speaker, Miss Ethel Huebner; vice-speaker, Mr. Clyde Butz; secretary, Miss Elizabeth Keller; delegate board members, Mrs. Irene Robertson and Mr. Dwyer Dundon; nominating committee chairman, Miss Mary Van Gorden.

It was recommended that a re-evaluation of Board of Management and House of Delegates structure, function and interrelationships be considered.

It was voted to accept the report of the speaker with appreciation, and move to implement the recommendations submitted.

Report of the editor of AJOT, Lucie S. Murphy, O.T.R. It was reported that an advertising representative, Publishers' Associates, has been engaged to handle advertising for both the Journal and the Yearbook. This firm requested permission to use the AJOT masthead for promotional work, this masthead to include listings of important Association and AJOT personnel and consultants. The Board agreed to such authorization.

To eliminate expressed dissatisfaction among advertisers it is proposed to combine conference proceedings for the past year and the program of the following conference in one issue.

It was suggested that committee project reports be summarized for announcement in the Journal, with information as to their availability for membership use in complete form through the national office.

It was voted to accept the report of the editor with appreciation.

Report of the executive director, Marjorie Fish, O.T.R. An information report was submitted on the activities of the national office and work of Association committees. Noted were the ever-increasing publications, handling of grants, House of Delegates and state association activities, and cooperation with other organizations. A facts and figures compilation lists membership and registration statistics, changes of address, mail volume, AOTA organization memberships, status of subscriptions, placement, field work, and committees of the AOTA.

It was voted to accept the report of the executive director with thanks.

Report of the associate director, Helen Mathias, O.T.R. A total of 45 requests have been received for information as to placement of foreign therapists in this country. A listing of institutions accepting foreign personnel is being developed. Board suggestions were requested to assist these people. Noted was the availability of an association in Washington, D. C., which assists in evaluating the academic credits of foreign therapists. The education committee of the World Federation of Occupational Therapists has approved a number of schools throughout the world, including Denmark, Germany, Holland, Norway and Switzerland. Further informa-

tion is available from Miss Willard or Mrs. Cardwell, Secretary of the World Federation.

It was voted to accept the report of the associate director with thanks.

Report of the field consultant in rehabilitation, Irene Hollis, O.T.R. The advance report of the field consultant indicated past activities, future plans for consultative services, participation in special events, liaison with other organizations, and the field schedule for the coming year. Board guidance was sought with regard to advisory assistance in the channeling of services for maximum effectiveness.

It was voted to accept the report with thanks, and to grant the prerogative to the field consultant to contact sources for guidance.

Report of the director of public information, Julia Hardy. Increased cooperation with other professional agencies was reported. Of particular note were two pilot workshops, involving liaison with the National Foundation and the National Health Council. Publicity activities involve spot radio and TV announcements and films, a newly-revised publications list, circulation of *The OT Story*, and a volume of mail expanding beyond any previous totals. Assistance was volunteered to Association committees requiring consultative assistance from the public information office, and to public information committees not coordinated with the national office.

It was suggested, with Board concurrence, that all future publications be dated.

It was voted to accept the report of the director of public information with great appreciation.

Report of the director of education, Virginia Kilburn, O.T.R. A decrease in enrollment since 1956, and a decline in the number of advance standing students, was reported. In an area analysis of services to schools, the cost per student was shown to have increased from \$2.25 to \$3.50.

Scholarships: A grant of \$35,000 for both graduate and undergraduate traineeships has been made by the Office of Vocational Rehabilitation. Miss Cecile Hillyer, of this agency, has requested a meeting with members of the curriculum committee. The United Cerebral Palsy grant of \$10,000, for undergraduate scholarships, was administered this year by UCP, rather than by the Association, as heretofore.

The American Hospital Association/American Occupational Therapy Association Institute will be held this coming year in Los Angeles, April 20 to 24, 1959. A questionnaire survey is being conducted by the American Hospital Association among agencies and professional groups to determine the extent and character of the need for these institutes.

It was voted to accept the report of the director of education with deep appreciation.

Report of the council on education, Caroline Thompson, O.T.R. The chairman reported current action of the council on education as follows: It was voted that the study of the basic approach in occupational therapy be encouraged to continue; that the master's degree in occupational therapy should not be conferred without raising the level of the academic and applicatory phases of preparation to a graduate level; that the council go on record as approving the coordination of Phase II of the curriculum study with the school survey of the AMA/AOTA survey team; that the manual on guides for clinical directors, when published, be sold at cost; that the promotion of special projects be removed from the province of the graduate study committee, and that personnel provision for this committee be changed to "a minimum of ten persons"; that the SOP for each committee be reviewed during the third year of the com-

mittee term and recommendations made for necessary revisions; that reaffirmation had been given to approval of the "reasonable flexibility" in the interpretation of *AMA Essentials for Schools*.

It was voted to accept the report of the chairman of the council on education, with deep appreciation.

REPORTS OF CHAIRMEN OF SPECIAL COMMITTEES

Subcommittee on national office personnel policies, Ethel Huebner, O.T.R. This subcommittee reported incorporation into the personnel policies of action taken by the executive committee and Board at the 1958 mid-year meeting, relative to changes in national office hours; establishment of a salary range for the newly-created position of office manager; selected title reclassifications and salary adjustments; and revision in the formation and function of the subcommittee.

It was voted to accept this report with special recognition of the progressive study and work this subcommittee has done.

Committee on administrative practices and personnel policies, Elizabeth L. Jameson, O.T.R. Resource materials have been gathered, and a first draft is projected for Board consideration at the next midyear meeting. Board opinion was requested re finished length, detail and format. The Board recommended brevity, reference to duplicated work by other Association committees, and consideration of appropriate addenda to accompany the brochure when distributed.

It was voted that the report be accepted with full consideration being given to the recommendations made.

Committee to revise manual on Organization and Administration of OT Departments, Cornelia Watson, O.T.R. Board clarification was requested re groups for whom manual is to be written, use of different inserts for different groups, possibility of utilization as a teaching aid, cooperation with other Association committees in assembling material, use of packets, change of format.

The Board recommended completion of an outline for consideration at the midyear meeting and projected completion in one year; adoption of loose-leaf format; inclusion of a bibliography and film source listing.

It was voted to accept the report with thanks.

Committee on OT Reference Manual for Physicians, Marjorie Fish, O.T.R. In the absence of the chairman, Miss Marguerite Abbott, Miss Fish reported the manuscript to be in nearly final form following review by medical advisors and editorial reading committee; it is now undergoing final editing in preparation for publication.

It was voted to accept this report with appreciation.

Development advisory committee, Wilma West, O.T.R. The documentary, *In the Past, Pride—In the Future, Faith*, presented at the 1958 annual conference, represents the work done by this committee.

A rising vote of thanks was extended to the chairman.

Report of committee on constitution revision, Marjorie Fish, O.T.R. It was reported that this committee, under the chairmanship of Miss Ruth Zieke, has just been formulated; committee members have been selected, and work will be initiated very soon.

OTHER BUSINESS

Interdisciplinary study group, Gail S. Fidler, O.T.R. The problem of professional communication has become the primary interest of this group. It was reported that the National Recreation Association had requested support of the AOTA in connection with a proposed field survey of mental hospitals to assess functions of various categories of personnel. The feasibility of continuing AOTA association with the interdisciplinary study group was presented for Board consideration.

Board discussion was devoted to the request of the National Recreation Association, the effect of the various activity therapies on occupational therapy as a profession, and the role of occupational therapy in its association with the other disciplines represented in this group. Board deliberations also involved the problem of the psychiatric preparation of occupational therapists, and the following suggestions were offered: provision of guide lines and formal patterns; encouragement to self-improvement; compilation of studies to be mimeographed and circulated; a national consultant in psychiatric occupational therapy.

It was voted that the AOTA express interest in the contemplated field survey by the National Recreation Association, but that no active support be offered pending completion of the three-year AOTA curriculum study.

It was voted to continue the association of the AOTA with the interdisciplinary study group in the same manner as heretofore.

It was recommended that personal contact be made with the president of the American Psychiatric Association, to discuss the problem of the psychiatric preparation of occupational therapists, and a report be submitted to the Board at the midyear meeting.

Correspondence received, Marjorie Fish, O.T.R. Mrs. Owens, secretary of World Federation of Occupational Therapists: Letter of appreciation for \$400 received as AOTA guaranteed subscription for next four years.

Danish OT Association: Letter of appreciation for gift of books from Copenhagen exhibit.

Office of the Surgeon General: personnel training division of the Surgeon General's Office has requested designation of three representatives to attend the nursing and mass casualty course at Walter Reed Army Hospital.

World Federation of Mental Health: Letter from U. S. steering committee advising of Mental Health Year in 1960, and requesting appointment of a liaison officer.

O.T.R.'s located in foreign countries: Letter from therapists in Australia and Canada requesting lowered membership dues for O.T.R.'s located abroad.

It was recommended that further information be secured from Australia and Canada and that it be turned over to the constitution revision committee if, in the opinion of the president, further study is warranted.

Interval meetings of Board and executive committee, Marjorie Fish, O.T.R. The executive director pointed out the need, occasioned by increased business, for interval meetings of the Board of Management and executive committee. Without formal action it was the opinion of the Board that the resident and executive director might call such meetings if they felt it was warranted.

World Federation of Occupational Therapists, Helen Willard, O.T.R. The meeting of the Council of the World Federation was attended by representatives of all the member countries. All but one had their quota of three persons: delegate and two alternates. Report was given on application for membership in World Health Organization, publications completed and projected, current officers and committee chairmen, and future meetings of the Congress and Council.

Midyear meeting 1959, Marjorie Fish, O.T.R. The 1959 midyear meeting will be held in Indianapolis, April 3, 4, 5, at the Sheraton-Lincoln Hotel.

1959 annual conference topics. The Chicago local conference committee for the 1959 annual meeting has requested suggestions for conference topics. At present they are considering: 1. Human Development or Behavioral Factors in Treatment. 2. The practical application of occupational therapy in prevocational activities. 3. Basic essentials of good organization, starting at the state level, as the basis of national performance.

The Board suggested that several groups might develop a program in terms of their need. Stress was placed on the importance of performance at the state level, interpretation of the national organization at the state level, a theme separate from problems of administration, the high scientific level of patient treatment as part of the conference teaching experience. Other Board recommendations were shorter conferences, key speaker to be followed by a panel, promotion of research. The suggestion was endorsed that request for ideas be submitted to the House of Delegates for the members to refer to their state associations with the request that ideas and suggestions be sent directly to the Illinois association.

Roll Call and Proxies, Friday, October 24, 1958. As at the meeting of Monday, October 20, with following exception: New elected Board members: Martha Matthews and Satoru Izutsu. New Delegate Board members: Dwyer Dundon, Irene Robertson. Members Absent: as at previous meeting, and Mary Reilly. (Retired members: Mrs. Crampton and Miss Peple.) Ex officio: Col. Robinson, Marjorie Fish and Mrs. Mathiott. Auditors: Misses Kilburn, Mathias and Schwagmeyer and Mrs. Murphy. Presiding: Miss Helen S. Willard, President.

REPORTS OF CHAIRMEN OF STANDING COMMITTEES

Permanent conference committee, Winifred C. Kahmann, O.T.R. A review was presented of the action taken at the conference planning meeting on January 4, 1958, the 1958 midyear meeting, and exhibit information offered on the current conference.

Future conferences are scheduled as follows: 1959 mid-year meeting, at the Sheraton-Lincoln Hotel, Indianapolis, April 3 to 5, 1959; 1959 annual meeting, at the Hotel Morrison, Chicago, October 16 to 23, 1959; 1960 annual meeting, at the Statler-Hilton Hotel, Los Angeles, November 11 to 18, 1960.

Invitations have been received from Missouri, Michigan, and Colorado for the 1961 conference, and from Wisconsin for the 1964 conference. A request for an expression from Colorado on the possibility of having the 1963 conference there, will be conveyed by the Colorado Delegate Board Member to her membership. There was Board discussion on the possibility of having adjoining states cooperate in conference preparations with the hostess state association.

It was voted to accept the invitation from Michigan for the 1961 conference, with the suggestion that we would be interested in a resort area, if feasible.

It was voted to accept the report with appreciation.

Recognition of occupational therapy assistants, Marion Crampton, O.T.R. The work of this committee has proceeded as planned. Two points were presented for Board consideration: 1. Refund of \$5.00 fee if applicant is not accepted. 2. When would the two-year period requisite for application under the grandfather clause be stipulated?

It was voted that the fee charge of \$5.00 for filing application under the grandfather clause not be refunded in the event the applicant is rejected, and that this be so stated on the application form.

It was voted to accept the recommendations of the committee, for the two-year period, 1956-1958, if the committee acts as a review board for qualifications.

It was voted to accept the report with appreciation.

Legislation and civil service committee, Virginia Caskey, O.T.R. Model class specifications have been printed in AJOT, and reprints are available. Coded salary information, compiled by the chairman, was submitted together with some recent revisions. Board recommendations were requested regarding the functions and responsibilities of this committee in addition to those out-

lined in the advance report to the Board. The definition of occupational therapy for the dictionary of occupational titles has not yet been agreed upon. A report prepared by Miss Lucy Morse for the Southern Regional Education Board proposed OT for inclusion in an agreement of sixteen southern state legislatures considering a regional education program to supply increased demands for professional, technical and graduate education personnel.

The Board endorsed dissemination of Miss Morse's report to the House of Delegates to investigate possible action with the individual state legislatures.

The Board endorsed contact with Miss Mary Reilly to request her assistance re a definition of occupational therapy, and subsequent channeling to the education council for consideration.

It was recommended that the Speaker of the House give consideration to the question of a mechanism for receiving recommendations from this committee in the House, and that it be considered as a possible addition to House reports and procedures.

It was voted that Item 3, under (4) be accepted (Report on Title and Responsibilities of Leg. and C. S. Committee) as it stands, and that "... referred by State Association ..." is implicit in the context.

It was voted to accept the report with appreciation.

Recruitment and publicity committee, Frances L. Shuff, O.T.R. Two regional workshops have been held in Richmond and Minneapolis. Future workshops are scheduled for Dallas and San Francisco. Detailed reports will be sent to participants.

The following recommendations were presented for Board consideration: a meeting between school directors and recruitment chairmen at the midyear meeting; consideration re financial assistance in this connection; feasibility of having students act as representatives for schools; monthly reports to regional chairmen; election of chairmen for two years, and co-chairmen on alternate years; compilation of statistics from institutes; analysis of this committee's function for more satisfactory performance in meeting the growing professional demands, and clarification of the roles of the public information director and the national recruitment chairman as they relate to the membership.

The Board offered the following suggestions re financial subsidy: (1) partial financing by state associations, and (2) inclusion as a budget item in the proposal to the National Foundation, which supports the recruitment program. With regard to committee structure and function, discussion between the chairman and Association officers was suggested.

It was voted that the report be accepted with deep appreciation.

Special studies committee, Muriel Zimmerman, O.T.R. Activities of the past year include: review of pictures for the picture page of AJOT; duplication and distribution of first annual survey of special studies; revision of SOP; preliminary preparation of an outline guide for research (or special studies) pending consideration of publication of an AJOT bibliography. The activities of individual states were noted.

Board consideration was requested re financial support for a proposed small handout brochure compiled from the report of the special studies committee. Board endorsed cooperation of treasurer with the chairman of the special studies committee in this connection.

It was voted that the report be accepted with appreciation.

History committee, Marjorie Fish, O.T.R. Reporting for Mrs. Marianne Catterton, chairman, Miss Fish listed the recommendations in the advance report: (1) com-

pilation from a questionnaire following up the one distributed in 1955; (2) solicitation of further reports from state associations. Arrangements have been made to send to the chairman all history material available. Board members suggested recourse to a nearby university, and reference to the documentary, *In the Past, Pride—In the Future, Faith*, for additional material.

Special Project Fund Committee, Clare Spackman, O.T.R. The committee now has representation from each state association. A fact sheet has been prepared, which must be checked legally, for distribution to trust companies, and a letter has been prepared for Newsletter distribution prior to discussion by membership at state meetings. It was reported that a bequest for \$500 has been received.

It was voted to accept the report with thanks.

Clinical procedures committee, Lt. Col. Myra McDaniel, O.T.R. The sub-committee on physical disabilities is continuing work on a glossary of terminology, with completion anticipated within a year. The administration sub-committee has been working on the synthesis of treatment objectives in the areas of TB, NP, and physical disabilities. No Board action required.

Board discussion touched on the lack of a report from the subcommittee on psychiatry and the need for reviewing the purpose and function of the committee on clinical procedures.

It was voted to accept the report with appreciation.

Committee on recognitions, Florence Stattel, O.T.R. Gold disc awards have been completed and are ready for presentation to the six past presidents of the Association. No candidate for an award of merit was submitted to the executive committee in 1958. New nomination forms are a present need. There were no items for Board action.

It was voted to accept the report with thanks.

Registration committee, Virginia Kilburn, O.T.R. Certain highlights were reported, in addition to the advance report. Examination results will be reported to examinees as "passed" and "failed," and to school directors in deciles. A major achievement has been the revision of the RPSA forms, and a case study of the revised form is proposed in order to evaluate its performance. In view of the major changes involved, a medical review seems indicated. An imperative need exists for further item-writing workshops. No specific recommendations were made.

The Board was informed of a change in the location of the AHA/AOTA institute, which will be held in Waco, Texas, April 27 to 30, 1959. The Texas State Association meeting will be held immediately thereafter.

It was voted to accept the report with appreciation.

Report of the international committee, Marjorie Fish, O.T.R. Advance report to the Board outlined the present status of this committee, which has been newly formed under the chairmanship of Miss Marie Louise Franciscus. No Board action required.

OTHER BUSINESS

Relocation of national headquarters. Miss Jeannine Dennis, chairman of the Joint House/Board committee assigned to study and offer recommendations regarding the relocation of the national office, submitted her committee's recommendations which were based on: (1) Should we relocate the national office? (2) What practical factors must be considered? (3) Timing of relocation. (4) What steps needed for implementation?

The joint committee offered the following recommendations in accordance with the outlined points of reference:

1. That the AOTA national office should be moved

from New York City to a more geographically central location.

2. A realistic evaluation of any site must be based upon the anticipated expansion of Association activities during the next five to ten years.

3. Timing of the move demands a careful look at both considered and potential office sites.

4. It is recommended that the president appoint a special committee to examine the essentials described, seek the consultative service of individuals experienced in the appraisal of business sites, and submit a report to the executive committee by January 15, 1959. It is also suggested that such a committee be composed of at least two members of the office professional staff, two from the House of Delegates, and two from the Board of Management.

It was voted to accept the report for discussion purposes.

Board discussion involved methods of communicating decisions and projected action to the membership; financing of move via raise in dues or single assessment; problems of space and staff availability; problems in preserving the continuity of registration committee operation, and that of special projects and committees.

It was voted to accept the report with great thanks for wisdom in handling a difficult problem.

It was voted to accept the recommendations of the joint House/Board committee, and to advise the membership via an immediate letter to delegates from the speaker of the House, to be followed by a letter to the total membership.

Respectfully submitted,
Marjorie Fish, O.T.R.
Executive Director.

MINUTES FROM THE HOUSE OF DELEGATES

Sunday, October 19, 1958

9-11:00 A.M., 2-5 P.M., 7:30-9:30 P.M.

The 1958 meeting of the House of Delegates was called to order by the speaker, Mrs. Margaret Mathiott. Thirty-seven associations were represented; the delegate from Louisiana was absent.

The report of the credentials committee was received. The chairman recommended that the delegates from two new state associations, New York State and Arizona, be seated. The speaker recommended that the report be accepted and introduced the new delegate from New York State, Arizona was not represented. The recognition of the New York State Association prompted the formal unseating of the delegate from the former Rochester Association.

Greetings were extended to the group by the AOTA president, Col. Ruth Robinson, by the president-elect, Miss Helen Willard, and by the AOTA executive director, Miss Marjorie Fish. Brief reports were given by Miss Irene Hollis, rehabilitation consultant, and by the president of the World Federation of Occupational Therapists, Miss Clare Spackman. Capt. Gertrude Murray briefed the group on the seating procedure to be used by delegates at the opening session of the conference.

Speaker's report. The speaker emphasized several basic points of order which were to be observed during the House sessions. She announced that Miss Virginia Caskey would serve as parliamentarian. Delegate Dennis was appointed to serve as chairman of the nominating and tellers committee. Approval of the agenda was requested by the speaker, and *it was so moved*.

Treatment fees for occupational therapy. An informal report from this committee was presented by the chairman, Delegate Dubbs, who stated that the letter and questionnaire are now ready for mailing and that the new speaker of the House will develop plans to implement the mechanics of distribution; committee findings will be reported to the Association.

Study of group insurance. Delegate Park, chairman of the committee, presented a supplementary report. *It was voted* that the report be received. After detailed discussion, *it was voted* that the House of Delegates appoint a committee to continue the group insurance study, with a questionnaire survey to the membership to be included.

Relocation of AOTA office. After the opening of this matter for discussion, *it was moved and seconded* that, in view of the fact that the general membership has received, either directly or by way of the delegate, communications from the national association and from various state associations relating to the relocation of the

Arizona	no delegate
Arkansas	Betty Sorensen
Calif. (No.)	Elizabeth Holdeman (House Vice Speaker)
Calif. (So.)	Jeannine Dennis
Colorado	Frances Thompson

Connecticut	Clyde Butz
Dakota	William French
Dis. of Columbia	Arvilla Merrill
Florida	Arlene Krul
Georgia	Joyce Collins
Hawaii	Dorothy Park
Illinois	Honora Salmon
Indiana	Wilma Franz
Iowa	Eleanor Reeves (alter. delegate)
Kansas	Clara Dubbs
Kentucky	Janet Wimpleberg (alter. delegate)
Louisiana	no delegate
Maryland	Marianne Catterton
Massachusetts	Marion Crampton
Michigan	Marjorie Holton
Minnesota	Marion Eliason (alter. delegate)
	Mary Van Gorden ((House secretary)
Missouri	Rosemarie Finke
Nebraska	Dwyer Dundon
New Jersey	Ethel Huebner
New York State	Agnes Dick Ness
No. Carolina	Leah Whitfield
No. New England	Jacquelin Wright
Ohio	Wilma Morrow (alter. delegate)
	Margaret Mathiott (House speaker)
Oklahoma	Ruth Stage
Oregon	Mary Boyce
Eastern Pa.	Elizabeth Keller
Western Pa.	Elizabeth Whitaker
Puerto Rico	Josefina de Jove
Tennessee	Barbara Wallin
Texas	Irene Greer Robertson
Utah	Joyce Andrews (sub.-alter.-delegate)
Virginia	Margery Peple
Washington	Wilma Shannon (alter. delegate)
Wisconsin	Libbie Rose

TREASURER'S REPORT

On this occasion a year ago, we reported to you a story of need—need for money for various purposes. Statistics from a ten-year financial review indicated that our budgets for the most recent decade had tripled in size, yet each year the margin between income and expenses grew smaller or vanished into the red. Analyzing our major sources of income, we found that dues and fees account for 78% of our total support; but growth figures for this same period revealed that our numbers increased so slowly as to make the prospect of realizing significant additional income from this slow arithmetic progression a very dim one indeed. The Association's expenses, on the other hand, had increased by 168% and, since our dues and fees were raised only 38% during this period, resources just weren't equal to demands. How, then, to finance the work of our national organization? The obvious and, in fact, only solution seemed to be a voluntary increase in our individual subscriptions to support its work.

As requested, you took this story back to your state and local associations and, in six months, returned a vote of approval. Accordingly, our bills have been raised from \$18 to \$24 per year, as we are all quite well aware at this particular season.

I wish it were possible to present a more complete follow-up report than is available at this time. However, billing is still in process and few figures are as yet known. Some trends, however, have already appeared. First, payments have been slow and are behind the usual number received by this date in previous years. Second, despite the overwhelmingly approving vote for increasing dues and fees, some protest is being registered.

For the most part, this is taking the form of objections on the part of inactive therapists who resent the increase in the amount they are required to pay annually in order to insure their right to practice in the future. An increasing number in this category are questioning, with reason, the logic of a monetary payment during inactivity constituting a guarantee of professional competence on their return to active work. Why, they argue, wouldn't it be wiser to offer them benefits which would aid their effort to keep informed about professional principles and procedures—for example, subscriptions to the Journal and Newsletter rather than just a copy of the Registry as is now the case.

As has been widely publicized, although it is frequently overlooked or forgotten, this matter has been under study for some time and a decision on it was reported to the House of Delegates. The country-wide vote behind this report should answer the objections of this group since it recommended establishing a special membership category for inactive O.T.R.'s at a fee below that charged the practicing therapist. In accordance with the membership's pleasure, therefore, the Board of Management voted, at its meeting yesterday, to approve creation of this new category and to set the dues for such members at \$6.00 per year vs. the \$12.00 paid by the working therapist. Benefits will include AJOT, the Newsletter and routine Association mailings, which are the items requested by the majority who voted on this issue as well as the ones suggested by those protesting the increase. This new class and rate will become effective for the 1959-60 fiscal year.

Both the immediate and long-range effects of these two actions—i.e., raising dues and fees at the midyear meeting in April, and reducing dues for non-practicing members just this week—are difficult to estimate at this time. With reference to the increased dues, we realize that, since some may withdraw their support in face of the increase, we may not receive the income estimated for our current year. The other big question in our financial future—that of establishing a reduced fee for inactive therapists—is also unpredictable from the point of view of its effect on our income. There are 2142 persons eligible for membership in this category by virtue of their not being presently employed. Of this number, 905 currently maintain membership although not employed, while the remaining 1237 are non-members. If the 905 unemployed *active members* elect the economy of an inactive membership at \$6.00 per year in preference to the \$12.00 they are now paying, the Association stands to lose \$5430 annually. On the other hand, if the 1237 *non-members* decide to take advantage of the reduced fee for inactive therapists and join the Association in this new category, our income could be increased by \$7422, thus slightly exceeding the potential loss. It seems hardly likely that either the gain or the loss will be in exactly these amounts but it does seem reasonable to suppose that similar proportions may obtain.

Because of these several variables, my report emphasizes the fact that the budget under which we are operating this year is extremely tentative. The traditional financial statement was formulated on the basis of the dues and fees increase and without consideration of the reduced dues for inactive members which has been voted subsequent to preparation of the year's budget and made effective for the next fiscal year. Thus this statement projects about \$25,000 in additional income anticipated for this year over that recorded for the fiscal year just past. (Referring to the first page of the financial statements published with this report, compare income totals in second and third columns.) Similarly, it projects the expenditure of most of this money among selected new items and items approved for increase by the Board of

FINANCIAL STATEMENT

General Fund

	Budget Year ending 6/30/58	Actual Income & Expense Year ending 6/30/58	Approved Budget Year ending 6/30/59
INCOME:			
Registration Fees	\$ 41,000.00	\$ 43,744.50	\$ 67,000.00
Membership Dues	28,000.00	30,537.99	33,500.00
Membership Subscriptions).....			
Other Subscriptions).....	17,000.00	18,946.70	19,000.00
AJOT Advertising	11,000.00	10,767.53	11,000.00
Sales of Literature, etc.	2,500.00	4,165.29	4,000.00
Yearbook Advertising	1,500.00	1,366.68	1,700.00
Volunteer Course	100.00	98.00	100.00
Annual Conference	7,800.00	15,492.20	17,500.00
Interest Bank & Bonds	800.00	2,501.39	1,200.00
Donations	100.00	180.50	100.00
	<u>\$109,800.00</u>	<u>\$127,800.78</u>	<u>\$155,100.00</u>
EXPENSES:			
Salaries—Professional	\$ 11,750.00	\$ 12,249.92	\$ 13,460.00*
Secretarial	18,204.00	18,946.61	26,379.00*
Temporary	1,600.00	1,919.63	2,200.00
Travel	2,500.00	2,464.59	3,000.00*
Cooperation with Others	550.00	1,008.16	1,000.00
Recruitment & Publicity	1,000.00	.....	500.00
Exhibits	500.00	276.62	500.00
Office Repairs	200.00	28.69	100.00
Postage	2,200.00	1,842.19	3,500.00
Books & Subscriptions	150.00	121.75	250.00
Rent & Light	5,946.00	6,378.49	4,473.00
Telephone & Telegraph	1,000.00	773.93	1,000.00
Legal & Auditing Fees	460.00	734.25	1,000.00
Gratuities	125.00	143.00	175.00
AJOT—Cost & Expenses).....		27,536.83	.....
AJOT—Discount & Comm.).....	28,000.00	1,540.86	30,000.00
Yearbook Postage	1,800.00	2,243.02	2,500.00
Yearbook Printing	7,400.00	8,122.98	8,500.00
Annual Conference	3,800.00	9,537.44	14,500.00*
Newsletter	2,000.00	2,050.70	2,200.00
Purchases of Literature, etc.	2,000.00	3,792.52	4,000.00
Office Supplies	2,700.00	2,732.30	3,250.00
Office Expenses	1,800.00	2,053.69	2,250.00
Printing	1,600.00	817.12	1,800.00
Taxes & Insurance	1,200.00	1,139.98	1,200.00
Miscellaneous	65.00	121.18	75.00
Consultancy	1,000.00	120.00	500.00
House of Delegates .....	.....	.....	2,000.00*
Executive Committee/Board Expenses	650.00)	.....	1,500.00*
Committee Expenses .....	.....)	232.45	1,500.00*
Grant to Educational Fund	9,600.00	9,600.00	20,000.00*
Depreciation .....	.....	1,175.00	1,175.00
	<u>\$109,800.00</u>	<u>\$119,703.90</u>	<u>\$154,487.00</u>
Excess of Income over Expenses*		\$ 8,096.88	\$ 613.00

*Approximately this amount is allocated annually to the publication's revolving fund.

Educational Fund

	Budget Year ending 6/30/58	Actual Income & Expense Year ending 6/30/58	Approved Budget Year ending 6/30/59
INCOME:			
Grant from General Fund	\$ 9,600.00	\$ 9,600.00	\$20,000.00
Registration Examination Fees	9,000.00	7,847.85	7,500.00
Initial Registration Fees	6,000.00	4,512.00	4,000.00
Sale of Educational Materials	1,000.00	1,004.09	1,000.00
Conference Institute	2,500.00	.....	4,000.00
Payments of Special Services	1,200.00	1,167.75	1,200.00
Interest Bank Balance	100.00	48.56	50.00
	<u>\$29,400.00</u>	<u>\$24,180.25</u>	<u>\$37,750.00</u>
EXPENSES:			
Salaries—Professional	\$10,500.00	\$ 9,397.90	\$11,450.00
Secretarial	5,070.00	5,086.08	5,265.00
Travel	1,500.00	1,704.66	1,500.00
Office Repairs	100.00	.....	50.00
Postage & Expressage	350.00	472.96	500.00
Rent & Light	3,175.00	3,306.07	3,515.00
Telephone & Telegraph	275.00	405.14	400.00
Auditing	230.00	260.75	289.00
Conference Institute	2,100.00	.....	2,000.00
Purchase of Educational Materials	1,000.00	247.28	500.00
Office Supplies & Expenses	500.00	561.71	750.00
Printing	450.00	726.07	500.00
Taxes & Insurance	300.00	424.68	300.00
Miscellaneous	50.00	64.12	50.00
Consultancy	3,500.00	9,102.00	6,500.00
Computations	700.00	342.00	500.00
Special Services	1,200.00	1,300.42	1,200.00
Registration Examination Expenses	1,000.00	4,061.85	1,500.00
Registration Examination Items	300.00	3.00	300.00
Registration Committee Expenses	400.00	534.50	600.00
	<u>\$32,700.00</u>	<u>\$38,001.19</u>	<u>\$37,669.00</u>
Excess of Income over Expenses	<u>\$(3,300.00)</u>	<u>\$(13,820.94)</u>	<u>\$ 81.00</u>

A.O.T.A. Reserve Funds and Grants as of June 30, 1958

I RESERVE FUNDS

Cash in Banks and On Hand:			
Chase Manhattan Bank	\$ 20,199.92	.....	.....
Savings Banks	18,511.73	.....	.....
Office Cash Funds	449.25		\$ 39,160.90
Investments—U. S. Government Bonds:			
General Fund	\$ 5,600.00		
Endowment Fund	18,400.00		24,000.00
Accounts Receivable			\$ 1,751.04
Inventories—literature, insignia, etc.			\$ 4,789.74
Office Furniture and Fixtures—less depreciation			\$ 5,431.43
Deferred Assets:			
Deposits and Postage Inventory	\$ 922.86		
Advances re 1958 Annual Conference	1,715.39		\$ 2,638.25
			<u>\$ 77,771.36</u>
Less—Liabilities and Reserves:			
Accounts Payable	\$ 4,223.86		
Reserve for loans to postgraduate students	1,243.87		
Reserve for research projects	132.00		
Income received in advance—re 1958 Annual Conference	3,048.00		\$ 8,647.73
			<u>\$69,123.63</u>
Surplus at June 30, 1958			

II UNEXPENDED BALANCES OF GRANTS

	Grant	Unexpended
National Foundation for Infantile Paralysis:		
Grant 4 Recruitment 1957/58	*\$ 30,774.03	\$ 6,405.46
Grant 5 Curriculum Study	54,379.00	54,164.41
Grant 6 Recruitment 1958-59	36,690.00	36,690.00
Office of Vocational Rehabilitation:		
Grant 3 Consultant in Rehabilitation	17,550.00	2,417.00
Grant 4	16,020.00	9,353.53
National Institute of Mental Health	24,154.00	3,719.42
United Cerebral Palsy Association	10,000.00	280.00
William J. Wollman Foundation	50,000.00	50,477.02
	\$239,567.03	\$163,506.84

*Includes \$803.03 transferred from a prior grant..

Management at the midyear meeting. The *new* items appear at the bottom of the expense half of the statement and include the following: House of Delegates, executive committee/Board expenses, and committee expenses. Items that have been *increased* include the next to the last on the page—grant to education fund—the first two at the top—salaries and travel—and the annual conference item which is just below the midpoint of the page. Some of the other items also show increases over last year when compared with the amounts in the middle column. These however are largely routine increases necessitated by the growth which increases volume, by rising costs which are still on the up-swing, and by other factors which require increased allotments—for example, items for office supplies, postage, etc.

I regret that this report is, for the reasons stated, so indefinite. It will dictate extremely careful and conservative spending for this year and next, until we have specific evidence of the effect of recent actions in dues and fees changes. In the meantime, we seek your understanding and, for the long-range future, we are confident that reports will reflect the whole-hearted support of all members of our Association.

Respectfully submitted,

Wilma West, O.T.R.
Treasurer.

EXECUTIVE DIRECTOR'S REPORT

Communication is the theme this week. It applies just as much to the harrowing recital of annual reports as to the more exciting role of interpersonal relationships. It very appropriately applies to the challenge and frequent problem of portraying the collective picture of AOTA to the satisfaction of the individual member.

This year is another one in which our professional horizons have moved along in front of us. The year marks probably the most active in our history, which is as it should be. The Association's annual record reflects rapid growth and extended activities which requires effective coordination and synchronization of our program and plans of procedure.

With a total of 6,000 therapists involved, a tripled budget, one-half again as many state associations, many of whom have doubled their program activities, a three-time increase in the number of standing and special committees working diligently on vital issues, three times as many grants helping to finance three times as many projects, a national headquarters more than doubled in space and tripled in personnel—this is the scene in which we have all been participating during this year in contrast to several years ago.

Association committees. It is a privilege to make a statement on the performance and activities of our association committees, for it is through their unstinting efforts that much of our professional advancement is made possible. The working committees involve the participation of hundreds of therapists. Here are a few of the projects dealing with our needs in scientific and technical practice, education, administration and personnel:

Special studies committee. Compilation of special studies prepared by this committee, with the liaison committees in many of the states, disclosed a total of 84 projects going on in 22 states. Let it not be said that occupational therapists are not working at investigative procedures. Very few of these special studies are at the level of pure research, but they are contributing to the level of patient treatment and care in all the areas where occupational therapy has a role to play. Work has also been started on preparation of an outline guide for research to assist the membership.

Recruitment committee. Two pilot regional recruitment workshops were held in Richmond for the eastern area and in Minneapolis for the north-central and mid-west, with two more scheduled for the south and the west coast shortly. These workshops are splendid examples of cooperative planning with the national and state groups, and are made possible by a grant from the National Foundation.

These workshops have been partially responsible for a proposed conference on recruitment for personnel in the health field, sponsored by the Commission on Health Careers of the National Health Council.

Legislative and civil service committee. Model class specifications as prepared by the legislative and civil service committee have been reproduced in permanent form for distribution. Prevailing salary schedules in the states are being tabulated and compiled. This together with revised salary ranges prepared by the national office helps maintain standards.

Recognition of OT assistants. The proposed training program for the recognition and certification of occupational therapy assistants has been completed. This month marks the implementation of the program—requirements of an acceptable training program, curriculum guide, application and certification forms, with a special announcement and mailing to appropriate sources. The state delegates have been requested to submit names for the local certification teams which will include representatives from the clinical and educational fields. This training program marks an important milestone and, as the plan goes into operation, should prove an effective means of utilizing personnel to supplement the drastically short supply of qualified occupational therapists. Early implementation will be primarily in the psychiatric field.

Registration committee. The registration committee should be commended . . . those unsung heroes who spend many weekends in the national office helping to maintain the standard of our registration examination and making us one of the few national health organizations successfully conducting its own tool of certification.

Development advisory committee. The development planning advisory committee, established several years ago to plan a long-range association program, will prove its prowess tonight when the first of a series of interpretations is presented to you through the documentary: *In the Past, Pride—In the Future, Faith*.

International committee. Because of our increasing responsibility in foreign affairs and the active role we must assume, a new standing committee was created this past year (the international committee) to formulate policies on foreign visitor exchange, to develop increased interest in the international activities of AOTA, to develop increased support of WFOT through individual membership, to make a collection of slides and visual aids for circulation to WFOT member countries, or other international groups.

At the World Federation Council and the congress meetings in Copenhagen this past summer eighty-five OTR's from our ranks were among the 700 persons present from 31 countries. Ten member countries were represented and two new countries admitted to full membership status—Germany and Norway. Complete details were published in the October issue of AJOT.

We are honored with a "native" president of the World Federation, and AOTA will be hosts to WFOT in 1962.

Relative to the world front is a request we received, during my visit this summer to the WHO headquarters in Geneva, from the director of the social and occupational health section, for any of our technical materials and particularly for the compilation of special studies already referred to.

House of Delegates and state association activity. Accounting association accomplishments is not complete without special mention of the activity and participation of the House of Delegates and state associations, under the excellent leadership of the House speakers during the past years. A momentum has been gained which has reached a peak this year under the leadership of the present speaker. This is expressed through their: local association programs as indicated in the printed summary prepared and distributed by the speaker; donations to the national association and the World Federation; assistance in representing AOTA and coverage at meetings of related organizations; excellent planning and participation in the experimental recruitment workshops; work in the special committees of the House on which we are working jointly, and which deal with coming issues—malpractice and group insurance, lowered dues for non-practicing OTR's.

Publications. For a profession in which there has been a dearth (and scant amount) of literature produced by therapists, we are now beginning to come into our own. This is encouraging and necessary. The literature of the field is indicative of its maturity. The attractive, newly-revised listing, *Publications Available*, contains a complete set of publications which AOTA has published, or serves as distributor for, or has helped publicize as particularly appropriate to the field. This literature is authored by motivated therapists and is resource material for every member. This year more than a dozen publications have appeared consisting of technical manuals on upper extremity amputees, orthopedic and neurological conditions, self-help devices, an equipment directory, completed versions of *Objectives and Functions*

of Occupational Therapy, a manual of woodwork techniques, and institute proceedings.

Not quite ready is a book entitled *Changing Concepts and Practice in Psychiatric Occupational Therapy* (Allenberry conference proceedings); and the 1957 *Institute-Conference Proceedings*. In final manuscript form and ready for the press is *The Occupational Therapy Reference Manual for Physicians*. In committee and under preparation is the revision and expansion of the *Manual on Departmental Organization and Administration* and the AOTA *Administrative Practices and Personnel Policies* two publications for which there is a constant and heavy demand.

We should take pride in this array and continue to contribute to even greater production. The association's publications revolving fund, as well as grants, have made much of this possible.

Two other items rounding out the literature and resource picture are the reclassification and expansion of the collection in the AOTA library (the addition to the staff of a consultant has made this possible); and the engaging of Publishers' Associates to handle AJOT and Yearbook promotion and advertising.

Grants. Our schedule of proposed, current and terminating grants, totaling \$105,000, was reviewed for you at the midyear. Since then we have received the requested grant from United Cerebral Palsy for undergraduate scholarships, and from the National Foundation for continuation of our recruitment program, as well as a generous grant from the Office of Vocational Rehabilitation for undergraduate traineeships.

The outstanding grant is the three-year curriculum study financed by the National Foundation implemented this month and quite the most ambitious project the association has undertaken. You are all familiar with the design of the study and the objectives of the curriculum evaluation to test and determine the adequacy of the present curriculum in terms of clinical performance. The project staff are assembled and presented to you in the October issue of AJOT—four OTR's with outstanding qualifications and a rich background of experience. It was necessary to annex additional space to house the project on the eleventh floor of our headquarters building.

Our gratitude, again, to all these grantors.

Other projects. Educationally speaking, some of the activities in the education office, performed in close conjunction with education committees, are: 1957 questionnaire survey of OT curricula; AMA/AOTA pilot survey of schools; area analysis of performance of registration examinees; administration of undergraduate scholarships totaling \$45,000; revised and prepared educational publications including *Curriculum Guide*, *Director's Guide for Student Affiliation Program*, *Student Affiliation Manual*, *Policies and Guides for School Directors*, *Rater's Guide*. They haven't exactly been standing still.

In conclusion, let's put the spotlight on a few of the many significant programs on which we are cooperating with other agencies:

1. World Mental Health Year in 1960, U. S. steering committee, World Federation of Mental Health. This is an outside order for a worldwide network of communication.
2. The medical research program, America's International Health, U. S. Senate Subcommittee on International Organizations.
3. Educational cost for paramedical personnel, Department of Health, Education and Welfare, Division of Statistics.
4. Enrollment trends in institutions training for health

professions, Commission on Health Careers, National Health Council.

There is no doubt that this year has been marked by more constructive thinking on the part of more active O.T.R.'s than ever before. Let it increase, not diminish. This is what we have worked hard to achieve for a number of years.

And so to you as members of the association, individually and collectively in your various capacities, to the officers, the Board, and the national headquarters staff, to the related professional groups for their cooperation, to the foundations and agencies for their financial support through grants—our thanks for putting us in such an advantageous position on the springboard from which we hope to make a mighty jump into the coming year's activities.

Membership

	September 1958	September 1957
Active	3320	3430
Sustaining	547	282
Associate	79	74
Associate subscriber	95	83
Student	564	557
Honorary	17	17

Respectfully submitted,

Marjorie Fish, O.T.R.
Executive Director.

DIRECTOR OF EDUCATION'S REPORT

The following summary highlights the major activities of the education office since the last report (April 1958) with the exception of those concerned with the registration examination and the registration committee. Reports on the latter are contained in the annual report of the registration committee.

Education office staff. From March 1 to June 1, 1958, the position of assistant director of education was unfilled. It was our good fortune to have Miss Mildred Schwagmeyer appointed in this capacity on June 1.

Questionnaire survey of occupational therapy curricula. The data submitted by the schools for this survey are now being circulated among the members of the committee on curriculum.

AMA/AOTA pilot surveys of schools. Two schools have submitted progress reports following the initial surveys. Resurveys of several schools are planned for the near future. Possible future survey mechanics and personnel will be discussed by Dr. John Hinman at the annual meetings of the council on education.

Prospective curricula in occupational therapy. The following institutions have recently employed directors of occupational therapy curricula:

University of Florida, Gainesville: Miss Alice Jantzen, O.T.R.

University of Washington Medical School, Seattle: Miss Shirley Bowing, O.T.R.

The following institutions are continuing plans for establishing curricula:

College of Medical Evangelists, Los Angeles, California.

Sargent College of Boston University, Massachusetts.
University of California Medical Center, San Francisco.

Revised report of performance in student affiliations. The RPSA has been completely revised and major changes made in line with suggestions from all school and many clinical staffs. This new form went into official use on September 1, 1958. The total length of the form has been reduced from six pages to four.

The number of specific traits rated has been reduced from 12 to 11 and the number of items under specific traits, from 80 to 64. Many of the negative statements have been eliminated. The frequency of observation distribution has been altered in terms of a six-way division as against a previous one of five. Therefore, an entirely new scoring key had to be devised for Part I. Part II has been changed and will no longer be scored. Part III, as such, has been eliminated and the amount of space allowing for comments has been increased. Obviously, a revised Rater's Guide was necessary as well as a new scoring key.

Because of the major revisions in the RPSA form and in the scoring it will be imperative that a careful study be made of all RPSA's as they are sent to the education office. The registration committee requests that ways and means of financing such a continuing study be considered.

Area analysis and relative school standing. Analyses of the performance of examinees on the January and June 1958 examinations have been completed in line with the new method accepted by the committee on curriculum at the midyear meeting.

Examination results to examinees. Beginning with the January, 1959, examination, results will be reported to examinees as "passed" or "failed" only instead of by quartile standing. This change in policy was recommended by the committee on curriculum and approved by the registration committee.

Scholarships. Since the midyear meeting, the education division has administered a special grant of \$35,000 received from the Office of Vocational Rehabilitation for undergraduate and graduate traineeships and has assisted in administering a \$10,000 grant for undergraduate scholarships given for the academic year 1958-59 by the United Cerebral Palsy Research & Educational Foundation, Inc.

The National Association of American Business Clubs has awarded \$3700 to twelve undergraduate occupational therapy students in eight schools for the academic year 1958-59.

The National Society for Crippled Children and Adults, Inc., has given scholarships to five occupational therapy students recently.

The Office of Vocational Rehabilitation granted a sum to the AOTA which enabled several therapists to attend the AHA/AOTA institute in April.

Direct traineeship awards from the Office of Vocational Rehabilitation to 22 schools of occupational therapy for the academic year 1958-59 totaled \$53,000. An additional \$90,000 was awarded 18 schools for expanding or improving their instructional programs.

To date no word has been received from the National Society Daughters of the American Revolution as to whether they will again grant a scholarship to an occupational therapy student as they have for the past three years.

The AOTA scholarship committee is preparing a brochure relative to possible sources of financial aid for current and prospective occupational therapy students.

Institutes. The AHA/AOTA institute was held in Boston April 28-May 2. The highly stimulating sessions were attended by 55 very enthusiastic registrants coming from 12 states and Hawaii. The 1959 institute will be held in Los Angeles (later changed to Waco, Texas, April 27-30).

Other activities of the education office have continued as rapidly as possible and along lines reported in the past.

Respectfully submitted,

Virginia T. Kilburn, O.T.R.
Director of Education.

EDITORIAL REPORT

Publishers Associates, Inc., has been appointed as the advertising representative for the Journal and the Yearbook. Mr. Smith and Mr. Edwards from the firm met with the editorial staff to discuss ways to improve our advertising contacts. This meeting proved of value to the editorial staff and the representatives.

Serious consideration was given project compilations from committees which are valuable and of interest to all occupational therapists but are very space consuming when published in AJOT. It was suggested that a review of these studies be printed in the Journal so our members know about them and that mimeographed copies be available for those desiring the complete report. Everyone recognized the value of the studies but, because of their length, other sections of the Journal suffered by either being sharply curtailed or omitted.

At the present time the "conference issue" contains the abstracts of the previous conference. This is confusing, so every effort will be made to have future conference issues include the program and highlights of the coming conference as well as the articles from the last year's meetings.

After many good intentions and much effort, a new printing schedule has been evolved that will allow us to send proofs to authors for proofreading. This service should be of value to the authors as well as the editor.

Respectfully submitted,

Lucie Spence Murphy, O.T.R.
Editor.

ASSOCIATE DIRECTOR'S REPORT

MEMBERSHIP SERVICES

Placement

Requests from U. S. therapists for placement information 700

POSITIONS AVAILABLE lists published quarterly totaled 750

Institutions listed 350

Foreign

Requests from foreign therapists for placement information 45

In an effort to offer more assistance to foreign therapists a list has been compiled of institutions known to accept foreign personnel for employment or further training. This listing, although not extensive, now totals 20 institutions throughout the U. S. and is sent to therapists upon their request for information. As a result we are now receiving inquiries from some of these institutions seeking our help in determining the eligibility of those applicants who do not appear to meet the standards of our U. S. schools. This indicates the need for screening of such applicants which we cannot undertake since an increasing amount of time is already devoted to placement correspondence with foreign therapists plus personal interviews upon their arrival in New York.

Newsletter. Circulation is presently 4700 copies a month representing an increase of 200 a month over last year. The total number mailed for the year was 51,275.

Yearbook. Major changes, as recommended by the Yearbook committee, were listed in the midyear report. In addition to these, a revision of data has been made for the compiling of the 1959 Yearbook. It is hoped that this new form which was mailed to all O.T.R.'s together with their bills will make for greater clarification and accuracy in the recording of information.

Advertising. The advertising promotion for the 1959 edition is being handled by a New York representative in conjunction with AJOT advertising. This new pro-

cedure we hope will ultimately increase the advertising section which has been declining over a period of years. There are 40 advertisers in the 1958 Yearbook representing a revenue of \$1735.00.

World Federation of Occupational Therapists. With the second Congress of WFOT convening in Copenhagen during the summer, increased membership correspondence and arrangements with travel agencies became necessary throughout the year. The major portion of this was handled in the associate director's office.

SALARY REVISION

The AOTA recommended salaries for therapists have recently been revised. A survey has been made using as a basis the "Positions Available" lists as well as additional information brought to our attention. The salary of \$4000 a year now appears average for a therapist with no experience. The survey indicates that beginning salaries range from \$3430 to \$4500. The executive committee, in reviewing the information upon which the revision has been based, has recommended that salaries be listed as follows:

SALARIES:	AOTA Recommended	
	Existing	Minimum
(subject to periodic review) Salary Range		
Staff therapist	\$4,000-\$4,500	\$4,500
Senior therapist		
(2 years experience)	4,500- 5,300	5,000
Director	5,500- 7,000	6,000
Coordinator or consultant	6,000-10,000	7,000

MISCELLANEOUS

Occupational Therapy insignia. An O.T.R. from Hawaii has brought to our attention the fact that the arm patches which only O.T.R.'s are authorized to wear in no way indicate the fact that the therapist is registered. She suggests that a new patch so designate this and that our present insignia be used for non-registered personnel. This therapist was advised to bring her suggestion to the attention of her delegate for referral to the House of Delegates for discussion at the meeting in October.

Treasurer's slides. Nineteen state associations requested the treasurer's slides to present to their membership relative to the increase in registration fees and membership dues.

Respectfully submitted,
Helen C. Mathias, O.T.R.
Associate Director.

REGISTRATION COMMITTEE

The registration committee currently has nine active members and twelve consultants, one of whom will return to active status following the 1958 conference-institute. The committee met 13 days last year including two days during which the consultants were present to help decide major policy matters.

June, 1958, registration examination. This examination was administered to 320 examinees in 26 occupational therapy schools and in 16 other institutions of higher learning, including two overseas. The following statistical data are presented in terms of adjusted scores (items with questionable response not scored) for regular examinees only (305):

	Part I	Part II	Total
Mean	93.1	95.7	192.5
Sigma	12.4	12.4	23.9

Correlation of Parts I and II = +.79.

This was the first examination to be administered following the reweighting and reallocation of subject matter based on the 1957 curriculum survey. (January, 1958, registration examination was reweighted and re-

allocated on a statistical basis since data from the curriculum survey was not sufficiently complete at that time.)

It is interesting to note that the average for the June, 1958, examination has risen slightly but is still in line with all previously reported data on the examination.

Report of performance in student affiliations (RPSA). Statistical data relative to the distribution of RPSA scores for the January, 1958, and June, 1958, registration examinations are as follows:

	No. of RPSA's	Mean	Sigma
June 1955	723	145.9	37.5
Feb. 1956	732	153.5	31.9
June 1956	1104	158.4	32.3
Mar. 1957	1106	156.3	31.7
June 1957	1167	161.0	31.2
Jan. 1958	779	163.7	27.7
June 1958	1451	166.5	28.8

There was a slight increase in average score and a slight reduction in spread on both 1958 examinations. This would seem to indicate that fewer very low scores were sent to the education office.

Permanent cutting percentage. Four examinations have been administered since the establishment of a permanent cutting percentage. The results for these four examinations have been in line with past administrations. Despite the changes in the two 1958 registration examinations, the established permanent cutting score has been used effectively.

Need for additional examination items. A new set of sample questions has been prepared for distribution as indicated. The revisions were necessitated by the withdrawal from the examination of questions on the techniques of treatment media. The present sample set contains 33 questions illustrating the variety of ways in which multiple choice items may be written; this being the primary purpose for their distribution.

At present there exist only two parts for the registration examination. The building of at least another new part is of utmost importance. This is necessary to allow for varied combinations of parts so that the same two parts are not given with each administration of the examination. Compilation of the June, 1958, examination would have been virtually impossible had it not been for the items produced at the Iowa item writing workshop. Since it is imperative that the number of items in the pool be increased, consideration should be given to promoting additional item writing workshops. One was held in Michigan last spring. The items produced there were gratefully received and are now being reviewed by the registration committee.

There is an urgent need to have the items covering all the basic areas in the examination reviewed by members of the AOTA medical advisory council and AOTA fellows. Preparation of new questions for such review is a priority and will go forward as rapidly as possible.

Examinees under international reciprocity. Four graduates of foreign schools took the June, 1958, registration examination as follows:

Canada: University of Toronto.....	2
Denmark: Skolen for Beskaeftig- elsesterapeuter, Hellerup	1
India: Occupational Therapy Training School Bombay	1

Since February, 1947, 46 graduates of foreign schools have taken the examination.

Respectfully submitted,
Virginia T. Kilburn, O.T.R.
Chairman.

FIELD CONSULTANT

These first nine months have been very stimulating. The consultant has been in the field only sixteen weeks so far, but during this period has contacted thirty-three institutions, had five speaking engagements and attended fifteen meetings and institutes. This did not allow much time at any one center, three days being the maximum, but this time was well invested as a "get acquainted" period. Talks with therapists, medical directors and administrators pointed up the needs of the practicing therapists.

In the office time was spent in handling publications, assisting with the details concerned in making the four new books available to the membership during this year as well as the revised publications list. Soon to be released are two more major publications, and work has been done on the revision of the *Organization and Administration Manual*, which is scheduled for release in early 1959.

Books and magazines in the reference library have been catalogued, new publications that come to the office scanned, so as to index the material contained therein, and aid given in revising loan material.

Itineraries have been arranged for foreign visitors, and therapists in this country advised on suitable institutions to visit when such information has been requested.

So far this year about twelve hundred letters have been handled. Part of this number were letters sent to all directors of student affiliation centers, as well as presidents of state occupational therapy associations, to clarify how these groups could best make use of this new service.

The membership has responded quite well to the announcements concerning the availability of the field consultant in rehabilitation. Numerous requests have poured in so that the schedule is filled the first six or eight months of 1959. About two-thirds of the year will be spent in the field. With the variety of responsibilities associated with this position, it seems advisable to plan a breakdown of the accumulative time periods in the following broad blocks.

Twenty-two weeks will be devoted to consultative activities. Of these, the equivalent of ten weeks will be spent visiting individual departments to aid therapists in solving their administrative or technical-clinical problems. Five weeks will be devoted to visiting occupational therapy student affiliation centers to aid in strengthening the rehabilitation content of the training programs and three weeks will be set aside for visiting occupational therapy schools to advise on subsequent curriculum revisions or to aid with planning special courses or institutes. Any suggestions pertaining to curricula will be cleared through the curriculum study project staff. The remaining four weeks in this block of time will be spent in visiting institutions that are conducting rehabilitation courses, institutes or seminars so as to observe, consult or participate as instructor or panelist.

Eight weeks are set aside to participate in special events. These will include attendance at all regularly scheduled meetings of AOTA; representing the Association at other professional meetings; regional and state occupational therapy association functions; one week is reserved for the development and handling of program material for public consumption during special emphasis periods.

The equivalent of two weeks will be devoted to liaison activities so as to foster good working relationships with OVR at the national and state levels as well as with other allied organizations in the health and welfare fields.

During the remaining third of the time, guidance activities will be conducted from the office. Reports based on the findings will need to be developed, and continued correspondence will aid in getting information into the hands of the therapists in answer to their many inquiries.

Respectfully submitted,
Irene Hollis, O.T.R.
Field Consultant in Rehabilitation.

COUNCIL ON EDUCATION

A standard operating procedure for education committees and council has been completed.

OVR institute recommendations. A committee was appointed to evaluate and make recommendations. Sectional committees, coordinated by Miss Martha Matthews, have been formed to define a basic approach to occupational therapy. A committee in the east (chairman, Ruth Brunyate) made a careful report and concluded operations. In the midwest and west the search for formulation continues. This is one of the most evolutionary areas in our field today, involving a change in the way we look at our work rather than in the way we do it. The perceiving of commonalities and relationships may mean new emphases in teaching.

Form for reporting. A small committee, chaired by Miss Heermans, has developed a form for reporting to schools requesting information on a clinical affiliation program. This information can be sent by an affiliation center to any school desiring information, and the first page can be used with a covering letter to send hospital occupational therapy departments wishing advice on how to start an affiliation program.

Registration examination. The change of the examination date from the last Friday in February to the last Friday in January was approved. Questions relating to the application of techniques in treatment were retained. The reporting to students of their standing as "passed" or "failed," omitting details of ranking, was initiated.

AMA advisory committee. The council recommended the formation of a committee separate from that on physical therapy. The function of this committee is to assist in the evaluation of survey reports from new and existing schools, and in general act in an advisory capacity. Members should be physicians (members of the various specialty groups associated with the clinical use of occupational therapy), three O.T.R.'s representing AOTA and the director of education, ex-officio.

Council membership. The council membership was enlarged to include O.T.R.'s serving on the above committee and the past chairman of the council during the term of office of the succeeding president. The council endorsed a policy of continuing to present semi-annually at the time of the education meetings some realistic material geared to the needs of our teaching therapists which will lead us to relate our professional education to procedures that have been found sound educationally.

Guide lines for joint AMA-AOTA surveys. Procedures were developed by a small group of council members. After this a pilot study was carried out by Miss Heermans and Dr. Hinman with several new and older curricula. The schools visited felt this was helpful. Membership of the team for survey visits was recommended by the council as follows: if possible, a continuation of the present team or the successors in their offices. If not feasible, then a panel of physicians chosen on a regional basis and an occupational therapist with experience in education and curriculum might be used. It would be important that the members represent all areas

and be oriented to the principles of surveys as worked out.

NFIP curriculum study grant. Groundwork was done by a small committee of the council, and after this was reviewed by NFIP and returned with their suggestions, an AOTA committee with council representation then worked out the grant request for resubmission. The money has been granted and the project is getting under way.

Establishment of new curricula. Many colleges and universities express themselves as interested in starting curricula. The education office envisions a need for a policy regarding the location of these courses and also for some guide lines or criteria for these institutions, beyond the professional ones stated in the *Essentials*, to help them establish a sound program. Two facets are important: the physical one of space, equipment and staff needed; the academic one in line with our philosophy of professional education both on the graduate and undergraduate level. Miss Willard, Miss Welles and Miss McNary have worked on this problem. Reports relate to the sequence of courses, the proportion and spacing of liberal arts credits, etc. Those studying the physical needs of an occupational therapy curriculum have found their collected information hard to get in shape, and feel it may need to be stated in terms of maximum and minimum.

Affiliations taken abroad. The problem was re-discussed and the present ruling upheld. The committee who worked on this also considered the matter of inquiries received by the education office from foreign therapists who wish to come to the U.S. for training, and recommended these be referred to the schools to handle in accordance with their individual rulings.

The interdisciplinary study group. The committee was encouraged to continue in its present operational status; the work of the group is felt by the council to be eminently worthwhile.

Graduate study committee. The guide for the development of graduate education leading to higher degrees in OT was approved.

Function of committees. Pressure of too much business and too little time is felt by all members of the education committees. The council appointed a committee under Ruth Brunyate to consider this problem.

AMA Essentials. Dr. Hinman suggested that the council forward to the AMA a request to support reasonable flexibility in the interpretation of the 1949 *Essentials* during this interim period before our curriculum study is completed. Our assurance should be given that the *Essentials* are not being abandoned but that in certain respects they need to be brought up-to-date. President Robinson and Miss West were asked to word such a letter, and we have received a favorable reply.

Master's degree in OT. Problems emerge with the requests from various institutions for our views on a graduate program for occupational therapists. The council has been unprepared to meet these inquiries without impromptu work sessions to discuss them. A committee composed of your education committee chairmen and directors of education, past and present, has felt the need for deliberation on the proper level of our basic educational program and to identify what belongs in the program on the graduate and undergraduate level. Little has yet been done, but the work is started and some suggested guidelines have been prepared for consideration by the council.

Respectfully submitted,
Caroline Thompson, O.T.R.
Chairman.

DIRECTOR OF PUBLIC INFORMATION

This report represents your director of public information's first full year with the Association. Details submitted in interim reports will not be repeated but accomplishments will be outlined broadly.

Cooperation for recruitment. The most important step forward has been toward cooperative recruitment. Your PI director served on two inter-agency planning committees concerned with this. One was under the aegis of the National Foundation which resulted in a full day of the Foundation's three-day state advisors meeting given over to recruitment for the professions of medicine, nursing, occupational therapy, physical therapy and medical social work. The other was a National Health Council committee which resulted in a conference on recruitment sponsored by the Commission on Health Careers at which some 30 professional health groups were represented. Both meetings were sparked by our first regional recruitment workshop. The National Foundation meeting, for the first time, brought a potent voluntary force into the recruitment effort through the involvement of its state chapters. The National Health Council conference pooled recruitment experiences and set the stage for future meetings.

Regional recruitment workshops. The second most important achievement was the inauguration of our own regional recruitment workshops where regional recruitment chairmen were elected. Two workshops (Eastern and Northern regions) have already been reported. Invitations for a third (Southern region) have been issued. It is hoped to hold the remaining workshop (Western region) early in 1959. These workshops have produced a noticeable broadening in the thinking of our recruitment chairmen, with resultant increased activity in the regions where they have been held. The discussion of scholarship needs at the Eastern workshop sparked the idea for a new National Foundation scholarship program to aid recruitment.

Recruitment guidance. Guidance and information have continued to be given recruitment committees through periodic mimeographed bulletins and the Newsletter as well as through correspondence. Unreported shifts in chairmen and loss of committee files still present a problem.

Field trips and meetings. Your PI director made five field trips and attended a number of meetings in New York City where she spoke on recruitment.

Publications. Two major publications were produced during the year: The *Colleges and Universities* booklet, in new format, and a new list of *Publications and Other Materials*. There were also numerous reprints and minor revisions of other material.

Publicity. Publicity has been reported on previously. In connection with this present conference an advance release was prepared for home town papers and two advance releases with background material were issued the metropolitan press, wire services, radio and TV news departments. Contacts were made with major TV and radio stations and three interview programs scheduled (one on the NBC-TV Coast-to-Coast network).

Films. A one-minute TV film has been produced from unused portions of *The OT Story*. This is to be run by WCBS-TV during the conference, after which it will be released to the membership generally. It is being scheduled on the NBC network during December. Sixty-five requests were received to lend the *OT Story* to local OT associations, schools and hospitals. Ten copies have been sold and are being circulated within the areas of the purchasing groups.

Other visual aids. The large exhibit, which has traveled extensively, has reached the point where expensive

repairs are necessary and a comprehensive revision is planned for the coming year. Photographs have been loaned a number of state associations for local exhibits. More photographs are being sought which show an OT, with her badge prominently displayed, instructing a patient in OT activity.

Mail. The career mail totaling 135,631 pieces was sent to 6,214 individuals. This does not include labels typed, order forms and records filled out, notification-of-mailing cards and out-of-print cards sent and individually written letters where forms did not suffice. This is fast becoming a full-time job.

PI as a service. Letters to the PI director from the membership arrive in increasing numbers as more contacts are made in the field. They are answered as promptly and as thoughtfully as possible but guidance must be substituted sometimes for the detailed material requested. The services of the PI director have been utilized, also, by committees. This is in line with her concept that the public information is not only responsible for a PI program but is a service office to the membership so far as time and limited staff permit.

Essentially the year has been one of investigation and evaluation but it has also been a year of accomplishment, with plans continuing into the coming year. Your director of public information has enjoyed her relationship with the officers and membership of the Association and in closing this report, wishes to express formally her appreciation of the cooperation and understanding she has received.

Respectfully submitted,
Julia Hardy
Director of Public Information.

THE PERMANENT CONFERENCE COMMITTEE

The meeting of the conference planning committee held in the AOTA office, January 4, 1958, approved the proposal for the reorganization and reframing of national annual conference plans. It was suggested that the reports from the local conference committees of the past five years be reviewed by a working committee to include the permanent conference chairman, the executive director, local conference committee chairman for the past two years and the current local chairman.

Certain questions arising in the New York local conference committee were presented for decision to the Board at the midyear meeting in Denver, Colorado, April, 1958, with the following action:

1. That conference fees be waived for those persons serving on the conference committee whose duties during the conference period prevent their attendance at a majority of the sessions. Decisions on these to be pre-determined by appropriate authorities.
2. That the problem, reimbursement of expenses for conference committee members, be given study by the permanent conference chairman, local chairmen from the last three conferences, and the chairman of the area currently involved, and that long-range policy be developed to handle the entire matter.

It was voted that AOTA match local funds on an equal basis, as interval action, this sum to cover travel expenses (not meals) to meeting places, and domiciliary arrangements for male and female accommodations (such arrangements to be part of the contract for conference).

The SOP intended as a guide to local conference planning has been revised twice since 1953, the second time during 1956 and issued for distribution in January, 1957. Every year suggestions of change requesting more specific direction have been made by each succeeding local

	AOTA Advance	State Ass'n Expense	Commercial Exhibit Profit	AOTA Net Profit
1953 Houston, Texas			\$1234.40	\$1222.84
1954 Washington, D. C.		\$251.16	\$2433.57	\$3989.80
1955 San Francisco	\$100.00	\$700.00	\$2558.25	\$2623.36
1956 Minneapolis	\$500.00			
Wisconsin & Iowa	\$125.00	\$500.00	\$3360.00	\$4369.26
1957 Cleveland, Ohio	\$500.00			
Illinois	\$ 50.00	\$500.00	\$3205.00	\$7233.00
Indiana	\$ 50.00			

(It should be noted that the Cleveland institute was OVR financed precluding major program expenses, speakers, etc., usually incurred)
(1958 remains to be seen)

Figure I.

group. This is inevitable due to the varying conditions existing in the different conference locations. A summary of these requests would indicate desire for a manual rather than a guide.

The activating committee established in January, 1957, presently referred to as the planning committee, is comprised of the officers, permanent conference chairman, the local chairmen of the past and succeeding conferences with the entire national office staff. The general policies and plan for conference operation are determined by this committee to be implemented through the permanent conference committee by the local conference committee. Therefore, before revising the standard operating procedures for the annual conference it is suggested that the committee study and submit recommendations for specific administrative policies for conference financing, budgeting, registration and recording for approval of the Board of Management.

The available figures of the past five conferences is interesting to note as shown in Figure I.

Provision for registration procedure and recording was established for the New York conference which should project results and recommendations of value to our study in this area. This has been one of the major problems with the growth of the annual conference.

The commercial exhibits this year have a total of 38 booths and 35 exhibitors with three having reserved double space. This has been a bit disappointing since we hoped to sell the total of 50 provided for. This may be attributed to the substantial increase of booth rental occasioned by the much larger charge of the hotel for the exhibit area. Instead of a flat fee for exhibit space the New Yorker fee is 25% of the gross receipts for exhibit space. The so-called business recession this year may also be a contributing factor.

There are 23 educational exhibits very well planned and arranged by the committee. The space is free for these.

The next midyear meeting is to be held at the Sheraton-Lincoln Hotel, Indianapolis, on April 3-4-5, 1959. I welcome you all to the Hoosier State.

The 1959 annual conference will be held at the Hotel Morrison, Chicago, Illinois, October 16 to 23, with Miss Catherine Hoffman as local general chairman. The co-chairmen are Barbara Loomis and Virginia Niles. Miss Hoffman attended the planning committee meeting in the national office and has been in conference with me this summer during a trip to Indianapolis.

Investigation of hotel facilities for the 1960 conference in Los Angeles has been conducted by Janet Stone, local general chairman, and her co-worker. The hotel is the Statler-Hilton and the dates are November 11-18.

There is need for an immediate decision on the loca-

tion for the 1961 conference. Invitations have been received from the St. Louis, Michigan and Colorado Associations in that order.

The 1962 AOTA conference and the international meeting of World Federation of OT's will be held in Philadelphia. From the reports of attendance at Copenhagen we may certainly anticipate a "banner" turnout and an outstanding program with our new president, Helen Willard, at the helm.

Respectfully submitted,
(Mrs.) Winifred C. Kahmann, O.T.R.

RECRUITMENT COMMITTEE

The recruitment committee which met on October 18 had a limited attendance. About 17 chairmen attended and only two schools were represented for part of the meeting. A resume of the regional recruitment plan was presented. The eastern region met in Richmond in May; the northern region met in Minneapolis during June; the southern region will meet in Dallas in November and the western region will meet in San Francisco in February. Miss Dorothy Hruby was elected chairman of the northern region and Miss Margery Peple chairman of the eastern region. Miss Peple submitted her resignation which was received with regret and Captain Gertrude Murray subsequently was nominated and unanimously elected. Reports from the two regions where workshops were held were read and enthusiastically received. Much of the reported activity stemmed from the workshops. It was suggested that these reports be sent to all recruitment chairmen. A detailed report of the specific workshops is being completed and will be sent to participants. It is anticipated that there will be a followup of the workshops in 1959. This will be organized through the four chairmen with the help of the national chairman and the director of public information.

The recruitment committee wishes to present the following recommendations:

1. Liaison with the schools is desired. At the present time it is practically non-existent and recruitment cannot be effective without this cooperation. It has been suggested that the school directors meet with the four regional chairmen at midyear for a discussion of their needs in recruitment. This will necessitate increasing the duration of that meeting. When this was brought to the school directors attention about one-third agreed to attend if possible.

2. The question arises as to how this meeting will be financed relative to the expenses of the regional chairmen. It should be noted that no provision for this has been made in the recruitment budget.

3. Can a student act as a representative for the schools. If the school or state association cannot finance this what shall be done.

4. It was further suggested that:
 - (a) Monthly reports be sent to the regional chairmen for compilation and distribution to all state chairmen in the region.
 - (b) That funds be allocated to the regional chairmen to cover out-of-pocket expenses.
 - (c) That a regional co-chairman be elected to assure continuity.
 - (d) That the regional chairman be elected for two years and that the co-chairman be elected on alternate years.
 - (e) That statistics re: "first contacts" be acquired from all potential recruits.

Although recruitment activity has accelerated and many non-professional people are assisting us we are still confronted with the seriousness of the drop in school enrollment. We do not believe this is entirely due to tuition costs but rather to the lack of more personal contacts, low salaries and the keen competition from non-service fields.

Respectfully submitted,
 Frances L. Shuff, O.T.R.
Chairman.

CLINICAL PROCEDURES COMMITTEE

Six sub-committees comprise the clinical procedures committee. These sub-committees cover the areas of administration, general medicine and surgery, pediatrics, physical disabilities, psychiatry and tuberculosis.

The physical disabilities sub-committee continues to work on a glossary of terminology. It is anticipated that completion of this project may be accomplished within the next year. The greatest difficulty to date has been in attempting to correlate the different definitions which have been secured nation-wide. This is a project which when completed will be very meaningful in the clinical field per se and particularly pertinent to the schools and affiliation centers.

The administration sub-committee has been working on the synthesis of treatment objectives. It was felt that there were very few real differences in our treatment objectives for patients. They have been semantically classified as *the TB, the NP, the physical disability patient*, but in general the study reveals a commonality of objectives and tends to emphasize that the general approach has always been a matter of practice.

The work of the psychiatric sub-committee is unreported as of this date.

The GM&S, pediatric and tuberculosis sub-committees stand ready to be of service in any way indicated.

Respectfully submitted,
 Myra L. McDaniel, Lt. Col., AMSC
Chairman.

LEGISLATION AND CIVIL SERVICE COMMITTEE

As the tenure of the present legislation and civil service committee comes to a close it is deemed appropriate to summarize committee activities during the past two years and to indicate needs for the future of the committee.

The model class specifications for the positions of staff occupational therapist, senior occupational therapist and director of occupational therapy were mimeographed by the committee and distributed to the state associations with a report of the 1957 annual meeting of the committee. Several therapists have written to the chairman expressing their appreciation of the "specs" and explaining the use which they have made of them. Credit for developing the "specs" goes to the legislation and civil service committee chaired by Mr. Laurel Nelson. The

national office is having the "specs" reproduced in permanent form and will announce their availability by Newsletter.

Two mimeographed letters combined with verbal requests at the 1957 annual meeting have resulted in a listing of 17 state chairmen and salary schedules from 23 areas. Excellent and complete reports were received from Washington, Massachusetts, Illinois, Minnesota, Missouri, Wisconsin, Oregon, New Jersey, New York, Puerto Rico, Indiana, Colorado, Utah, Maryland, Connecticut, Pennsylvania, California, Arkansas and Nebraska.

A report on the southern regional education board prepared by Miss Lucy G. Morse and forwarded to the committee chairman by Miss Julia Hardy was reproduced and sent to state chairmen, delegates or occupational therapists in the 16 states involved. It was believed that states might promote the idea of allotting funds for the education of occupational therapists with their state legislatures. Copies of the report are being distributed to the House of Delegates and to the Board for their consideration.

A copy of the book "Occupational Outlook Handbook" published by the United States Department of Labor, Bureau of Labor Statistics, 1957 Edition, Bulletin No. 1215, was purchased and examined. The description of occupational therapy included was considered adequate.

Preparation of an SOP for the committee has been, of necessity deferred until the Board has accepted the recommendations of the committee.

Time did not permit the development of a definition and description of occupational therapy suitable for use in medical dictionaries, job indices and the like.

It is the hope of the committee that full cooperation and good communication with the state legislation and civil service committees can be developed and maintained for mutual benefit. Completion of the listing of state chairmen would be a step in this direction.

Virginia L. Caskey, O.T.R.
Chairman.

SPECIAL STUDIES COMMITTEE

National activities. The special studies committees for the past year has continued to review pictures for the picture page of AJOT. Contributions from private hospitals have greatly increased and numerous items were received.

The compilation of the first annual survey of special studies (1956-1957) was duplicated and sent to all state chairmen, consulting members, schools of occupational therapy, AOTA, the India O.T. Association, National TB Association, New York State Mental Health Association, and the United Hospital Fund of New York. A copy of the survey also was sent to AJOT for possible publication, but its length would not permit its inclusion. No survey was undertaken for the past year as it had been requested that the questionnaire form be revised. State chairmen and consulting members are participating in this project and compilation of reports is being done by Capt. Winifred Watson.

Revision of the SOP is under way.

Work has been started on an outline guide for research (or special studies) to assist the membership. This was one of the major problems reported in the annual survey. All available guides and other literature on the subject to date have been sent to all state chairmen and consulting members.

Consideration of publication of an AJOT bibliography is still pending. A letter has been received from Occupetics, Tewksbury, Massachusetts, with an offer to underwrite the cost and distribution of such an index, in which case they would donate 15% of the net profits

of the first six months sale to a revolving student scholarship loan fund to be established with AOTA. This offer is to be explored further.

Individual state activities. A research program was planned for the annual meeting of the Massachusetts OT Association. Muriel Zimmerman, O.T.R., discussed why OT's should do research and Dr. Bernard Kramer, research social psychologist at Massachusetts Mental Health Center, Boston, talked on basic research methods. An exhibit on research was also prepared for the meeting.

A condensed version of the survey was published in the Southern California OT Newsletter. Cooperation was extended to the physical therapy and speech therapy associations and UCLA Medical Extension in the presentation of a workshop in the field of neurophysiology.

Connecticut has appointed Raymond Forer, Ph.D., research consultant to the State Department of Mental Health, as advisor. Dr. Forer has volunteered to find funds for a grant to support a full-scale research program.

Respectfully submitted,
Muriel Zimmerman, O.T.R.
Chairman.

WORLD FEDERATION OF OCCUPATIONAL THERAPISTS

The Council of WFOT met for three days, August 7, 8 and 9, prior to the congress in Copenhagen. Ten member countries had delegates present (America, Australia, Canada, Denmark, Great Britain, India, Israel, New Zealand, South Africa, Sweden), and two countries (Germany and Norway) were invited to send observers to the meeting. The latter two were admitted to full membership status during the week.

Miss Clare Spackman was installed as the incoming president by Miss Margaret Fulton, retiring president.

Geographical rotation of future meetings of the Council and congress was planned as part of long-range policy. The next two scheduled meetings are the 1960 Council meeting in Sydney, Australia, and the 1962 congress in Philadelphia. Invitations have been received from Israel and Sweden for the Council meeting in 1964.

Continued effort is being directed toward gaining acceptance of our application for membership by the World Health Organization. Their representative was present throughout the week of the congress and attended all meetings.

A statement concerning the qualifications of an "expert advisor" was recommended by the executive committee and accepted by the Council.

Four publications have been prepared or are in the process of preparation: *A Program of Education for Occupational Therapists*, *The Organization of an Occupational Therapy Department*, *The Organization of an Occupational Therapy Association*, and *The Constitution and Standing Orders of the Federation*. In addition, a one-page statement defining occupational therapy has been prepared for circulation.

The present officers of the federation are:

PresidentClare Spackman, U.S.A.
1st Vice-PresidentDulcie Goode, Australia
2nd Vice-PresidentGrizel MacCaul, Great Britain
Hon. Secretary-TreasurerThelma Cardwell, Canada
Hon. Assistant Secretary-Treasurer.....

.....Glyn Owens, Great Britain

Committee chairmen are:

CongressMarie Louise Franciscus, U.S.A.
EducationHelen Willard, U.S.A.
International relationsMargaret Fulton, Great Britain
LegislationGrizel MacCaul, Great Britain

MembershipThelma Cardwell, Canada
Published proceedings of the Copenhagen congress will be available shortly.

Respectfully submitted,
Marie Louise Franciscus, O.T.R.
Delegate.

INTERNATIONAL COMMITTEE

The present membership of the committee includes the three AOTA delegates to the World Federation of Occupational Therapists (Misses Willard, Fish and Franciscus), Miss Marguerite Abbott and Miss Jeannine Dennis. Additional members will be invited to give country-wide representation.

The committee met on two occasions during the WFOT congress meeting in Copenhagen. Outlined for immediate consideration by the committee is: (a) formulation of policies on foreign visitor exchange; (b) development of increased interest and support in international activities in AOTA; and (c) compilation of slides and visual aids for circulation to WFOT member countries and other international groups.

It was decided that each project would be assigned to an individual committee member, who will choose her own local committee whose members will serve only during the period of assignment of the project in question and will not be considered members of the standing committee.

Information will be disseminated through all available channels. It was thought highly desirable to ask the cooperation of the House of Delegates to stimulate international interest and disseminate information for the committee.

Because of the absence from the United States of two members of the committee during this present year, it was decided to appoint a co-chairman on this side of the Atlantic.

At the request of the editor of AJOT, a column covering the Copenhagen congress was prepared by the members of the committee and other volunteers for the October issue. The committee wishes to express appreciation to the following for their help in this regard: Miss Spackman, Miss Mathias, Miss Peple and Miss Bernstein.

Respectfully submitted,
Marie Louise Franciscus, O.T.R.
Chairman.

ADMINISTRATIVE PRACTICES AND PERSONNEL POLICIES

The committee has been charged with the responsibility of revising and expanding the current printed policies which are felt to be out of date. Content of the current policies carries a definition of OT, duties of therapists and related personnel, professional development (student training), workload, salary scales, vacation, sick leave and holidays, and a list of publications and materials available from the AOTA office. At the 1958 midyear meeting, the Board voted that the area on salaries be eliminated from the printed brochure and be kept current on a separate flyer for insertion when necessary.

This committee gathered as much resource material as possible for study and discussion. All material was carefully reviewed by the committee and compiled into a draft outline for further consideration and study. Discussion on this material brought out the inter-relationship of several other AOTA and House committees working on related subjects, namely: legislative, salary survey, fees, organizational manual. It has been suggested that reference be made, in the brochure on Administrative Practices and Personnel Policies, to information and

materials from these other committees so that the content of this brochure convey the necessary information needed. Board of Management action concurred with this suggestion.

This committee is in the process of refining the compiled material into a draft for a brochure which will be ready to submit to the Board at the midyear meeting in 1959.

Respectfully submitted,
Elizabeth Jameson, O.T.R.
Chairman.

COMMITTEE ON RECOGNITIONS

No candidate's name was submitted to the executive committee for consideration for an award of merit for 1958.

The committee devised a certificate for the Eleanor Clarke Slagle lectureship. This is printed on parchment and gives the name of the lecturer and the year. Certificates were presented to recipients of the lectureship from 1955 to 1958.

Gold discs were engraved and presented to the six living presidents at the annual conference. They are:

William R. Dunton, Jr., M.D.
Joseph C. Doane, M.D.
Everett S. Elwood
Winifred C. Kahmann, O.T.R.
Henrietta McNary, O.T.R.
Col. Ruth Robinson, AMSC, O.T.R.

A careful check was made to find out if any other past presidents were alive.

The committee recommends new nomination forms. The data on candidates is not adequate and a new form is necessary to provide more detailed information.

Respectfully submitted,
Florence Stattel, O.T.R.
Chairman.

COMMITTEE ON RECOGNITION OF OCCUPATIONAL THERAPY ASSISTANTS

The committee has worked out procedures for recognizing and certifying occupational therapy assistants; date of implementation is October, 1958.

The entire report, with a prefatory letter, is in the October issue of AJOT. The October Newsletter mentioned the full report in the current issue of AJOT and letters were sent to appropriate individuals and agencies.

Insignia and training and certification forms have been ordered.

Each delegate has been asked to submit names for the certification team. A minimum of two has been suggested, one representing the clinical field and the other the educational field.

Respectfully submitted,
Marion Crampton, O.T.R.
Chairman.

HISTORY COMMITTEE

The objective in forming the history committee was the gathering of material for the writing of a history of OT, which later proved to be too expensive a project for AOTA to undertake.

There are surely other ways in which the history committee can serve a useful purpose however. A study of some of the material which has been gathered makes it evident that there is much of value which needs putting in order. A follow-up on the questionnaires sent out in 1955 seems indicated, and perhaps some charts of OT schools and state associations with years of founding,

first presidents or directors, etc., might be useful to the national office or to others. The committee material stored in national office needs sifting and sorting and this should and will be done carefully.

Respectfully submitted,
Marianne Catterton, O.T.R.
Chairman.

SPECIAL PROJECTS FUND

The chairman reported that all affiliated state associations had appointed local chairmen. The duties of the association chairman are to force a local committee to raise funds through gifts and bequests. It is the responsibility of each local committee to determine the methods of fund raising.

The objective of the special project fund committee is to raise funds from interested sources to support special projects which cannot now be financed through the present resources of the association. These projects would be those directed toward the improvement of occupational therapy procedures used in the rehabilitation of the patient.

A letter to the membership to be sent out in the Newsletter was prepared and a fact sheet for trust companies and interested donors would be available for the use of local committees.

Although this committee has been slow in organizing, it is hoped that the progress will be steady. The announcement of a \$500.00 legacy to the Association, received during the summer, was an indication of what can be accomplished.

Respectfully submitted,
Clare S. Spackman, O.T.R.
Chairman.

MANUAL ON ORGANIZATION AND ADMINISTRATION OF OCCUPATIONAL THERAPY DEPARTMENTS

This committee was developed during the summer with the purpose to revise the Manual on Organization and Administration of Occupational Therapy Departments. The original manual was prepared in 1951.

During the AOTA conference there were numerous meetings of the committee to develop initial plans of action. With the suggestions, approval and blessing of the Board of Management we established our objectives.

(1) The manual will be divided into three main parts in order to be more useful for the practicing therapist. It is to be a guide for the new therapist with responsibility as well as a resource for an experienced therapist.

Part A will contain general basic principles pertaining to every occupational therapy department.

Part B will contain specific sections for small, one-therapist departments, for medium and for large departments, as well as sections for the disability areas of occupational therapy treatment.

Part C will contain condensed information for administrators, and will incorporate current information which is being prepared by other AOTA committees on policies, practices and fees. This section will be in a jacket enclosed in the manual.

(2) An outline of the revision will be completed by April, 1959, and the revision will be ready for publication by April, 1960.

The committee welcomes the assistance of the AOTA membership, by suggestions, criticism, or comment.

Respectfully submitted,
Cornelia Anne Watson, O.T.R.
Chairman.

Delegates Division

COLORADO

Delegate-Reporter, Frances Miller Thompson, O.T.R.

During the past year the goals of the Colorado Association have been to increase membership and participation in the state and national association.

Monthly meetings were held at different hospitals and treatment centers in Denver throughout the year, with informative and interesting programs. At each meeting, an opportunity to tour the occupational therapy department was provided by the therapist acting as hostess.

A luncheon meeting was held in October at the Mesa Vista Sanatorium in Boulder. Following a tour of the Sanatorium, the medical director spoke to the members about the tuberculosis treatment program for Navajo children.

At the January meeting, the delegate read the annual report of the treasurer of the American Occupational Therapy Association and showed the accompanying slides in an effort to inform the membership of the acute need for an increase in membership dues and/or registration fees for all registered therapists. The annual joint meeting with the physical therapists and speech therapists of Colorado was again held in March at Fitzsimons Army Hospital. Following dinner, a very interesting case was presented by the medical team members of Craig Colony Rehabilitation Center.

We were fortunate to have the mid-year meeting of the American Occupational Therapy Association held in Denver in April. Many of our members were privileged to attend the open meetings to witness the "behind the scenes" activities of our national association, and to act as hostesses at a cosmopolitan breakfast where they became better acquainted with the national officers and other guests attending the meeting.

The Colorado Occupational Therapy Association has approximately sixty-five active members and, for the first time, awarded a scholarship to an occupational therapy student at Colorado State University. Funds for the scholarship were derived from the sale of the publication, "At Your Fingertips," which is now in its third printing.

OFFICERS

President	Theresa Anema, O.T.R.
Vice-president	Gloria Tolaro, O.T.R.
Recording secretary	Major Kathryn Maurice, O.T.R.
Corresponding secretary	Gertrude Smith, O.T.R.
Treasurer	Jean Moore, O.T.R.
Delegate	Frances Miller Thompson, O.T.R.

thusiasm for the coming year.

CONNECTICUT

Delegate Reporter, Clyde Butz, O.T.R.

The past year has been busy and industrious for the members of the Connecticut Occupational Therapy Association. There were four general meetings, all of which had exceptionally good attendance. The first meeting was held at the Institute of Living in Hartford with Dr. John Hauck from the Institute speaking on group relationships. This was an excellent preamble for the national conference. The second meeting was held at the Norwich State Hospital where the fifteen therapists who attended the conference in Cleveland presented "Conference Highlights" in an informal group manner. The third meeting was held jointly with the Connecticut chapter of the American Physical Therapy Association at Grace-New Haven Community Hospital when Dr. Freda Gray of Woodruff Hospital discussed rehabilitation in arthritis. Our fourth and annual meeting was held in

conjunction with the Connecticut Medical Society meeting. Mr. Schuyler Spaulding of the State Department of Education spoke on a plan for developing an over-all teaching program.

A great deal of emphasis was put on the gaining of new members. We are now 96 strong, 60 of whom are active members, showing an increase of 33 per cent.

The first issue of our Newsletter appeared last year and continues to gain more and more support. The editorship is on a rotation basis and reporters are appointed to represent each area in the state.

One of our executive committee meetings was devoted to the sole purpose of advisors, and why we should have them. This proved to be a fruitful session. Some of the ideas which developed concerned whether advisors can help us with recruitment, publicity, defining goals, re-appraising our worth, revitalizing our status professionally and re-shaping our attitudes. It is planned that one member of the Connecticut Occupational Therapy Association will review the *American Journal of Occupational Therapy* and send an issue to each advisor with a letter designating certain articles he should find of particular interest. We plan, also, to send our advisor copies of our annual reports.

Since our membership has grown, we plan to appoint area chairmen who will have the responsibility of notifying the membership and placement chairmen of changes, report news items, keep members informed and encourage meeting attendance while maintaining good communications and personal contacts.

During the coming year we expect to make great strides in our special studies committee. Raymond Forer, Ph.D., research sociologist, Connecticut Department of Mental Health, has been appointed advisor and has an extensive knowledge of research techniques. He is particularly interested in promoting research in occupational therapy.

Recruitment continues to be an important project and has been the focus of considerable effort on the part of our recruitment chairman. The state has been divided into districts with area chairmen appointed to make contacts, give talks, supply information and literature. A recruitment-educational exhibit was prepared and put on display at the three day meeting of the Connecticut Medical Society. The committee also prepared and displayed kits of material at the New England Counselors' and Personnel conference in Hartford. Nearly 1500 pieces of literature were distributed and over 300 students attended career day talks.

Plans are in progress to conduct a two-day workshop to be held this year. The topic will concern occupational therapy and research.

OFFICERS

President	Bess Lande, O.T.R.
Vice-President	Robert Belyea, O.T.R.
Treasurer	Betty Clerc, O.T.R.
Corresponding secretary	Irene Obrock, O.T.R.
Recording secretary	Anne Harrington, O.T.R.
Delegate	Clyde Butz, O.T.R.
Alternate delegate	Bertha Piper, O.T.R.

KENTUCKY

Delegate-Reporter, Gwindolyn Board, O.T.R.

The Kentucky Occupational Therapy Association alternates its monthly meetings between Lexington and Louisville. We have had a busy and stimulating year with our chief effort and most progress being made in recruitment and publicity.

Mrs. Nancy Lampert, O.T.R., our recruitment chairman, worked on the health careers committee which was formed in June, 1957, under the Health and Welfare

Council of Louisville and Jefferson County. The main purpose of this committee is to stimulate an interest in health careers. Through the efforts of our recruitment chairman, we have had considerable newspaper publicity and made contacts with high schools along with re-recruiting our married O.T.R.'s not practicing.

We are happy our recruitment chairman was able to attend the regional meeting in June. She has much enthusiasm for the coming year.

Our program chairman has tried to vary our programs to meet the demands of the many disability areas and at the same time be of value and interest to our non-practicing O.T.R.'s.

A crafts fair patterned after the Cleveland conference was greatly enjoyed by our non-practicing O.T.R.'s. A highlight of our year is always our meeting with the Indiana Occupational Therapy Association. This year we were at Crossroads Rehabilitation Center at Indianapolis.

In May we celebrated our eleventh anniversary as an association. Everyone enjoyed hearing about our past since very few of the charter members are still working in Kentucky. Most of us were surprised to learn the national conference was in Louisville in 1925. Also, Louisville had an occupational therapy school from 1923 until 1925.

We had the misfortune of losing two therapists by death this year. Miss Dolores Dieterich, O.T.R., a native of Kansas, died in December. She showed the courage of her profession in working almost to the end when she knew she had a fatal incurable illness. Mrs. Elizabeth Richmond Greathouse, O.T.R., was a charter member of K.O.T.A. and gave the association many years of service. She was known for her work in Veterans Administration Hospital here in Louisville before her marriage in 1956.

We are concentrating again this year on recruitment and publicity and hope to continue using our non-practicing O.T.R.'s in recruiting young people.

OFFICERS

President	Mrs. Bette Nylund, O.T.R.
Vice-president	Mrs. Frances Jonakin, O.T.R.
Secretary	Jean Godfrey, O.T.R.
Treasurer	Mrs. Elizabeth Yoakum, O.T.R.
Delegate	Gwindolyn Board, O.T.R.
Alternate delegate	Janet Wimpleberg, O.T.R.

MISSOURI

Delegate-Reporter, Rose-Marie Finke, O.T.R.

The Missouri Occupational Therapy Association meets every month, rotating the dinner meetings among hospitals in the St. Louis area. Two meetings were held in out-state areas, Fulton and Cape Girardeau, Missouri, because of the interest and number of associate members. The annual joint OT-PT meeting was held in February. One of the monthly meetings was planned by the occupational therapy students of Washington University. This has helped to encourage and stimulate student interest and membership in the Missouri Association.

All committees have been active on special projects during the past year. The constitution committee worked on amendments to the present Missouri Constitution. This has been completely accepted by the AOTA.

The study and research committee made a survey of all hospitals and treatment centers in the state of Missouri to tabulate the number of occupational therapy departments, the number of occupational therapists employed, and the number of vacancies to be filled.

The legislative committee made a study of salary scales in the state of Missouri comparing the salaries of occupational therapists with those of physical, speech and recreational therapists, nurses and social service workers.

The recruitment committee participated in career day talks, distributed literature to high schools, college, Girl Scouts, and other guidance services. The "OT Story" was purchased by the Association for use in recruitment.

The committee for ways and means used a theater party as their major money-making project.

Results of our committee work and other current information are published in the monthly newsletter, *MOTivations*.

OFFICERS

President	Martha E. Matthews, O.T.R.
Vice-president	Barbara Strasser, O.T.R.
Secretary	Nancy Kirtley, O.T.R.
Treasurer	Clotilda M. Burns, O.T.R.
Delegate	Rose-Marie Finke, O.T.R.
Alternate delegate	Joanne Silhavy, O.T.R.

NORTHERN CALIFORNIA

Delegate-Reporter, Elizabeth E. Holdeman, O.T.R.

The Northern California Occupational Therapy Association has, during the past year, set its sights on two major objectives: increasing membership and developing a financial structure that would support and serve that membership. The results have been gratifying. There are, at present writing, 156 active members of whom 28 are sustaining; five auxiliary; two associate; and 33 student—a total of 196. The general fund has been maintained at a healthy level through the efforts of two very active committees: projects developed and sponsored by the committee for ways and means; and proceeds from several lecture series planned and set up by the committee for education and research. The personal and professional gains made by the membership were also apparent.

Perhaps the most interesting part of our year's experience was the realization that, in accomplishing the two major objectives, we promoted an even more important one: the development of better methods of communication between ourselves and with others in related fields. These methods manifested themselves in a variety of ways:

1. Improvement and expansion of our annual directory (self-supporting through advertisers), and its distribution among hospital administrators and agencies in northern California.
2. Construction of a "Duties and Procedures Manual" in which are collected job descriptions of every office and committee on the Board. Fifty copies were mimeographed and bound.
3. Continuation of the NCOTA Newsletter, sent monthly to all members, and periodically to every registered therapist in northern California.
4. Duplication and distribution of the revised constitution to all members.
5. The distribution to every member of the annual reports of all officers and committee chairmen—a 12-page edition to acquaint everyone in our rather far-flung area with the activities of the Association.
6. Establishment of an association office, with mimeograph and addressing machines, filing cabinet, typewriter and telephone—a communications center with a manager and part-time staff, all members who volunteer their time.
7. Inauguration of a seven-man medical advisory council which, besides advising us on clinical problems, will do much toward promoting a clearer understanding of the relationship of occupational therapy to the rest of the medical field.

Our plans for 1959 are based upon the enrichment of our monthly programs to encourage greater membership participation. We must admit that already we are "looking South," and thinking about the NCOTA-SCOTA

biennial March meeting in mid-state where we hope to be of some assistance in planning for the conference at Los Angeles in 1960.

OFFICERS

President Evelyn Alexander, O.T.R.
Vice-president Capt. Tommye Duncan, O.T.R.
Recording secretary Elizabeth Chaffee, O.T.R.
Corresponding secretary Doris L. Linden, O.T.R.
Treasurer Haruko Muranaka, O.T.R.
Delegate Elizabeth E. Holdeman, O.T.R.

NEBRASKA

Delegate-Reporter, H. Dwyer Dundon, O.T.R.

The Nebraska Occupational Therapy Association has been very active in the past year and has had over 80% attendance at almost all meetings. An attempt was made to have each of the meetings at a different place permitting many more people to be able to attend which partially accounted for our large attendance. Meetings were centered around interests that grew out of group discussions at the meetings and no one theme was followed for the year. One business meeting was jointly held at the Cornhusker Hotel in Lincoln, Nebraska, with the Nebraska Hospital Association, at their twenty-first annual convention.

Almost all of the members of the N.O.T.A. attended a two-day workshop for psychiatric occupational therapists at the Norfolk State Hospital, Norfolk, Nebraska. Mrs. Gail Fiddler, O.T.R., was the guest speaker and conducted the workshop which had an enrollment of 87 persons. The N.O.T.A. and the Tandy Leather Company of Omaha, Nebraska, sponsored a social hour for the participants, preceding a banquet given for all of the members of the workshop.

The Newsletter is still the vital link in Nebraska between all of the members and though it is small in size, it is certainly serving its purpose. The state hospitals each year have a booth at the state fair. The occupational therapy departments of these hospitals are the chosen groups to represent the hospital, and last year, with the help of the recruitment and publicity committees of N.O.T.A., hundreds of pamphlets were handed out to as many people in Nebraska. Since that time, there have been many inquiries about occupational therapy and occupational therapy schools, directed at many of our hospitals and to individual therapists.

The theme for the coming year of the N.O.T.A. will be one of an interdisciplinary approach. Each meeting we will try to have one of the medical disciplines represented, so that we can establish better communication with them about what they are doing and what we are doing. This should be a promising year for the continuation of communication studies.

OFFICERS

President Caroline Pliska, O.T.R.
Vice-president Marion Labusohr, O.T.R.
Secretary Eleanor E. Barnes, O.T.R.
Treasurer Jacqueline Adams, O.T.R.
Delegate H. Dwyer Dundon, O.T.R.
Alternate delegate Marietta Holden, O.T.R.

OKLAHOMA

Delegate-Reporter, Ruth Stage, O.T.R.

The Oklahoma Occupational Therapy Association and the whooping crane have one thing in common. Fear of extinction. Though Oklahoma is a state of opportunity and beauty, it seems to produce a bad atmosphere for O.T.R.'s. The members of this association have untiringly worked to keep it alive and are now seeing fine results. We have 17 active members and 8 associate members in our group and we officially meet four times

a year. We alternately meet at the various hospitals represented in our association. For example for our May meeting we met at the Children's Medical Center, Tulsa, Oklahoma. Mrs. Hunstein, from the Mental Retardation Training Center, discussed the purpose and function of this federal project. The main purpose of the unit is to train professional personnel to recognize mental retardation early and to show methods and techniques for training the mentally retarded.

Because of the apparent need for qualified therapists the group has tried to raise money for a scholarship fund. Glasses and silk-screened pictures were sold at the 1958 national convention. The profit from these will go to the scholarship fund.

No opportunity for furthering public relations and information is overlooked by its members. The individual members have given talks on geriatrics, cardiac diseases, use of OT with the respirator patient and have participated on panel discussions on various other subjects. Displays have also been used whenever possible and we are in the process now of preparing a display which will represent OT in the various hospitals over the state. We also have participated in many of the Oklahoma Physical Therapy Association meetings, taking advantage whenever possible of their fine programs. At present we are planning a joint seminar meeting on functional bracing of the upper and lower extremities to be led by Odon von Werssowetz, M.D., F.A.C.P.

OFFICERS

President Marilyn J. Burget, O.T.R.
Vice-president Jane Smyers, O.T.R.
Secretary Mabel Val Dez, O.T.R.
Treasurer Linson Beavers, O.T.R.
Delegate Ruth Stage, O.T.R.
Alternate delegate Rose Waken, O.T.R.

OREGON

Delegate-Reporter, Mary Boyce, O.T.R.

During the fall of 1957, the Occupational Therapy Association of Oregon carried on routine business which included fund raising, the report of the delegate from the institute-conference in Cleveland, and making decisions necessary to our local organization.

The winter and spring of 1958 changed our role to that of host, and this proved to be one of the most interesting seasons that we have had. In March we had Miss Virginia Harrison, of the physical education department at Oregon State College, as guest speaker, to tell us about the course which she has instituted there to orient students to physical and occupational therapy. The increased demand on the part of the students for better understanding of our professions led Miss Harrison to develop this course, and as a result she has recruited many of them for training in these professions.

We had Marjorie Fish with us for two days in April—our first visit from a national executive director since we became a state association. We took her to visit the occupational therapy departments in Portland and Salem. At the dinner meeting in Portland the majority of our members were present to hear her report of the mid-year meetings in Denver. To our younger members, it was an inspiring experience to become acquainted with her, and to the older members, it was a joy to see a valued friend again.

Another event of April was "career day" at the University of Oregon Medical School, in which the occupational therapy staff of the hospitals and clinics participated. Formerly therapists and staff members went to the high schools. Bringing the students to the medical situation was an innovation.

The annual PT-OT western international conference

met in Portland in May, and we shared in making the plans for it with the Physical Therapy Association of Oregon. The theme of the conference was CVA. At the morning meeting the doctors presented papers ranging from the brain anatomy involved to the psychiatric care needed in the total care of these patients. Following the luncheon, a physical therapist and an occupational therapist reported on current methods of treatment used in the care of these patients. After a social hour and banquet, we heard an inspiring paper read by a clinical psychologist on the underlying causes of behavior in illness and in health, with many ideas applicable to the patients about whom we had heard earlier in the day.

OFFICERS

President	Elizabeth Callahan, O.T.R.
Vice-president	Elizabeth Irle, O.T.R.
Secretary	Jean Vann, O.T.R.
Treasurer	Dorothy Richards, O.T.R.
Delegate	Mary Boyce, O.T.R.
Recruitment and publicity	Joyce Beals, O.T.R.

SOUTHERN CALIFORNIA

Delegate-Reporter, Jeannine F. Dennis, O.T.R.

The emphasis of activities for this past year has been placed on greater participation of the membership in both their national and local associations. The membership of the local association was the largest in its history and represented therapists from eighteen schools of occupational therapy. Following the annual conference in Cleveland in October, 1957, it was noted that members of this local association in some way participate in a majority of the national association's committees as well as having representation on the Board of Management. A meeting was held for these members to give highlights of the 1957 conference to the group. Another source of our increased interest was the dinner given in honor of Miss Marjorie Fish, AOTA executive director, on her tour of the West Coast. Many local association members felt that they got to know their national association better through her. In addition, one of our members, Miss Margaret Rood, was honored with the Eleanor Clark Slagle lectureship, 1958. Some of this increased interest in our national association may be due to the greater number of members participating in its operation and much is due to the growing enthusiasm of being host to the AOTA national conference in 1960. The planning for this is already under way with Miss Janet Stone, O.T.R., as local conference chairman.

The monthly meetings of this association have aimed toward professional growth and toward inter-group co-operation. The joint meeting of the occupational therapy and physical therapy associations presented a program of newest trends in functional arm bracing for the upper extremity and also corrective and reconstructive surgery. A panel of occupational therapists presented an excellent program on the philosophical and testing aspects of prevocational training. Another highlight was an all day symposium entitled "Research in the Behavioral Sciences of Significance for Rehabilitation" presented at UCLA by Dr. Horace W. Magoun and other members of the anatomy department. One hundred and sixty attended from the associations of occupational therapy, physical therapy, and speech and hearing.

OFFICERS

President	Margaret Orchard, O.T.R.
Vice-President	Mildred Reynolds, O.T.R.
Recording Secretary	Adelle Wagner, O.T.R.
Corresponding Secretary	Margaret Van der Ree, O.T.R.
Treasurer	Robert Titus, O.T.R.
Delegate	Jeannine Dennis, O.T.R.
Alternate Delegate	Patricia Holser, O.T.R.

UTAH

Delegate-Reporter, Alice D. Miller, O.T.R.

The Utah Occupational Therapy Association holds monthly meetings, omitting December. The August meeting is our annual social event for members and their families. It is a gala canyon party at the mountain cabin of our president, Mrs. Joyce Andrews.

The program committee concentrated on planning meetings to utilize the group's interest in publicity and recruitment. The medical illustrator from the University of Utah discussed and demonstrated types of exhibits and gave good pointers on constructing exhibits for travel purposes. A representative from the public relations department at the University of Utah acted as moderator for a round table discussion on "Ways and Means of Publicity." Two work meetings were held to begin construction on an exhibit. Other monthly meetings were devoted to reviewing films and film strips for recruitment purposes, inspecting the remodeled rehabilitation unit at the Salt Lake General Hospital and participating in a group meeting which included a panel discussion by patients at the Utah State Hospital, Provo, Utah.

A representative was appointed by the Association to attend the career day at each of the high schools in the Salt Lake-Ogden area. The annual business meeting and election of officers was held in May.

OFFICERS

President	Joyce Andrews, O.T.R.
Vice-president	Russell Mosier, O.T.R.
Secretary	Alice Aubert, O.T.R.
Treasurer	Jean Korner, O.T.R.
Delegate	Alice D. Miller, O.T.R.
Alternate delegate	Frank Jackson, O.T.R.

Reviews

REHABILITATION OF THE CARDIOVASCULAR PATIENT. White, Rusk, Lee and Williams. New York: McGraw Hill Co., 1958, 176 pp., \$7.00.

The authors of the text, recognizing the multiple problems and needs of persons suffering from the nation's most prevalent disease, have presented a comprehensive working manual for persons working in the field of cardiovascular disease rehabilitation.

The major types of cardiovascular diseases are discussed from the viewpoint of rehabilitation only. The patient suffering from cardiovascular accident receives the greatest emphasis in this text. Detailed information and specific procedures for patient evaluation, deformities prevention, selective muscle re-education, balance, ambulation, A.D.L., communication, psychological, social and vocational aspects are excellently presented.

Any therapist working in the field of physical disabilities whether in a hospital or clinic setting would find this an excellent addition to his library.

—Elizabeth Collins, O.T.R.

FUNCTIONAL BRACING OF THE UPPER EXTREMITY. Miles H. Anderson, Ed.D. Springfield, Ill.: Charles C. Thomas, 1958, 463 pp.

Dr. Anderson has compiled this text as a working manual for persons concerned with the construction, fitting and use of upper extremity functional braces. The step-by-step procedures are presented both in descriptive paragraphs and illustrative photographs for the measuring, constructing, fitting and use of each type of brace and splint in such a way as to make it possible for the

most inexperienced therapist or prosthetist to make a splint or brace.

This text is highly recommended for therapists working with permanently handicapped individuals.

—Elizabeth Collins, O.T.R.

SCOUTING WITH HANDICAPPED BOYS. New Brunswick, N. J.: Boy Scouts of America, 1957, 64 pp., \$.75.

Evidence of the interest of the Boy Scouts of America in all boys is found in their publication, *Scouting with Handicapped Boys*, and their manuals for specific disabilities.

Participation in scouting for the handicapped is a valuable avenue for community activity and a Scout troop can be organized to encompass any or all of your patients who would benefit from this association.

BAILLIERE'S ATLAS OF MALE ANATOMY. Katharine F. Armstrong. Illustrated by Douglas J. Kidd. Baltimore: The Williams and Wilkins Company, 1958, 34 pp. & 7 pp. illustrations, \$3.25.

This tall, odd sized book (9½x14") has a clear, concise, elementary text by an English nurse. She feels that design for function is important and begins by discussing the processes of maintaining life and of reproducing the species. The rest is a description of the main systems of the human male body. The illustrations are inadequate in size and number to give a comprehension of the body as a solid. This book might be useful in reviewing anatomy.

—Jane Ring, O.T.R.

CHRONIC SCHIZOPHRENIA. Thomas Freeman, M.D., John Cameron, Andrew McGhie. New York: International Universities Press, Inc., 1958, 158 pp. \$4.00.

The research work described in this monograph was accomplished at Glasgow Royal Mental Hospital, covering a two-year period. The problems encountered in the "refractory wards" (severely deteriorated schizophrenics), where rehabilitative efforts were directed, were studied with psychoanalytic emphasis. Several chapters deal explicitly with psychopathological theories of mental functioning and comparative concepts surrounding schizophrenia. The final chapters, dealing with treatment, accentuate the nurse's role—its shortcomings and potential status.

—Bertha J. Piper, O.T.R.

THE NEUROSES AND THEIR TREATMENT. Edited by Edward Podolsky, M.D., New York: Philosophical Library, 1958, 555 pp. \$10.

Reprints of articles that appeared originally in numerous medical journals make up the contents of this book, written by some forty-five authors. The subject material includes anxiety syndromes manifested in infancy and childhood, development of the sense of reality, the integration function of the ego, experimental studies of allergies and psychoneuroses, clinical observations in the use of tranquilizing drugs, and the evaluation of psychotherapy.

The chapter on "Reassurance," by Paul Chadoff, M.D., gives some excellent advice to therapists, and concludes with this thought: "Of special importance is the need for the person doing the reassuring to be aware, to the best of his ability, of his own feelings and motivations and of the nature of the relationship between the patient and himself."

—Bertha J. Piper, O.T.R.

ANALYZING PSYCHOTHERAPY. Solomon Katzenbogen, M.D. New York: Philosophical Library, 1958, 126 pp., \$3.00.

A simply written explanation of the facets of psychotherapy, why and when it should be used and when discontinued.

No attempt has been made to evaluate the various schools of thought, nor has any effort been made to prepare an academic dissertation, but rather the author has attempted to inform professional and lay people of the purpose of psychotherapy.

The last chapter, "Is Psychotherapy a Science" will prove excellent reading for all occupational therapists.

SILK SCREEN PRINTING. James Eisenberg and Francis J. Kafka. Bloomington, Ill.: McKnight & McKnight, 1957, 91 pp., \$1.50.

A well-illustrated introduction to the process of silk screening with sections on the many different methods including the photographic technique.

CHILDREN AND YOUTH. U.S. Department of Health, Education, and Welfare, 50c.

A chart book of important facts relative to the environment and background of the children and youth in this country.

The material is graphically and simply presented for easy reference which should prove of value to anyone needing such information. The composition of the book is excellent.

HOW TO TEACH SHUT-IN STUDENTS BY TELEPHONE. J. A. Richards. Executone, Inc., 415 Lexington Ave., New York 17, 1958, 20 pp.

A booklet of practical suggestions for teaching shut-in students by telephone. This method enables a student to participate in classroom activity and helps counteract the isolation of home teaching. Teaching by telephone allows more classroom activity with less supervised hours of home teaching.

The equipment and further information can be obtained from local telephone companies or Executone, Inc.

PAPIER-MACHE. Lillian Johnson. New York: David McKay Co., 1958, 88 pp., \$3.95.

A well-illustrated text with large type for easy reference which clearly defines the processes and techniques of papier-mache.

PICTORIAL MANUAL OF BOOKBINDING. Manly Banister. New York: The Ronald Press Co., 1958, 40 pp., \$3.75.

The detailed and numerous illustrations which graphically depict the step-by-step procedure in bookbinding make this an excellent reference.

ROLE OF BED REST IN TREATMENT OF RHEUMATIC FEVER. Louis J. Duman, M.D., John H. Githens, M.D., and Murray S. Hoffman, M.D. *The Journal of the American Medical Association*, 164:13 (July 27) 1957.

For many years, bed rest and limitation of physical activity has been the prescribed treatment of rheumatic fever. In a review of the literature and a survey of specialists in rheumatic fever, no objective proof was found to indicate that strict bed rest is necessary for a satisfactory convalescence. However, most authorities hold the opinion that maximum rest is an important aspect, and in the presence of carditis or signs of activ-

ity, an absolute necessity. But some authorities are beginning to allow early ambulation and more activity during the convalescent period which is thought to result in less emotional trauma for the patient.

This survey points to the need of a controlled study of different rest regimens in the treatment of rheumatic fever which would yield important information although it would require years to complete.

—Marilyn S. Trainer, Lt., AMSC (OT)

REHABILITATION OF THE BLIND GERIATRIC PATIENT. C. W. Bledsoe. *Geriatrics*, 13:2 (February) 1958.

The patient, blinded late in life, will tend to have emotional problems not found in the geriatric patient who has been blind from birth. The chief obstacle to the rehabilitation of the former is the patient's inability to accept his blindness as a permanent condition and to take a constructive attitude toward it. Contributing to this problem are such factors as uncertainty of prognosis, false hope in the face of poor prognosis, resistance to surgical treatment despite good prognosis, superficial acquiescence without real acceptance of the diagnosis, and prolonged deep depression in reaction to blindness. Another obstacle is the patient's initial aversion to agencies or persons connected with the word "blindness." Patients who are not ready to accept help from such sources may be induced to learn daily living techniques and to accept reader and guide service as a "temporary" convenience. Later, when the patient himself recognizes the need for further help, various agencies and workers for the blind can be contacted. In evaluating any aid to the blind, it should be kept in mind that the best help is that which respects the personal freedom and capabilities of the individual.

—Isabel C. Cella, Lt., AMSC.

CERVICAL DISK LESIONS. Guy L. Odom, M.D., Wm. Finney, M.D., Barnes Woodhall, M.D. *The Journal of the AMA*, 166:1 (January 4) 1958.

It is the stated purpose of this paper to review and evaluate the progress made in the treatment of cervical disk pathology, through a study of 246 patients who were treated for disk lesions from 1940 to 1956. In this survey, these lesions were divided into four groups: unilateral soft disk protrusion, foraminal spurs, medial soft disk protrusions, and cervical spondylosis.

These cases are reviewed in terms of inciting trauma, neurological findings, comparison of roentgenographic and myelographic findings, operative complications, disk protrusions at the same or at other levels, and results of surgical treatment.

—D. R. Street, Lt., AMSC.

NUTRITION AND JOINT DISEASE. Wm. D. Robinson, M.D. *The Journal of the AMA*, 166:3 (January 18) 1958.

The presence of a possible correlation between diet and joint disease is examined in this article. The obscure etiology of many of the common forms of chronic arthritis and the lack of detailed empirical research in their treatment, has led to speculation regarding the role of metabolism and nutrition.

It is only in the case of gout that a definite relationship with metabolism and diet can be established. The effectiveness of dietary measures is twofold in gout: in reducing the incidence and severity of acute attacks, and in inducing a negative urate balance.

Although no specific causative role nor treatment role of nutrition or metabolism can be demonstrated for the majority of rheumatic or joint diseases, sound dietary

management may be an essential aspect of the total treatment program. To be considered in each case are the individual patient's general condition, his nutritional state, problem of weight, and the stage and condition of the particular disease process.

—D. R. Street, Lt., AMSC.

FRACTURES OF THE ELBOW IN CHILDREN. Donald J. Maphahn, M.D., and John J. Fahey, M.D. *The Journal of the AMA*, 166:3 (January 18) 1958.

A major problem in orthopedic treatment is posed by fractures of the elbow in children because of the risk of deformity and loss of function resulting from inaccurate reduction and complications from vascular and nerve damage. Three hundred cases are reviewed in terms of diagnostic classification, age of occurrence, orthopedic management and results of treatment.

In peripheral nerve injuries, secondary to these elbow fractures in children, spontaneous recovery was found to be usual, discouraging early explorative measures. It is urged that the expense of hospitalization, when indicated, not be a decisive factor in the choice of treatment which may determine the ultimate form and function of this important joint.

—D. R. Street, Lt., AMSC.

IMPLICATIONS OF MEASURED VISUOSPATIAL IMPAIRMENT IN A GROUP OF LEFT HEMIPLEGIC PATIENTS. Mrs. Virginia Carroll. *Archives of Physical Medicine and Rehabilitation*, 39:1 (January) 1958.

This article was written to discuss the language impairment of the left hemiplegic patient in comparison to the aphasic patient with a good prognosis.

The aphasics have a relatively good prognosis for return of functional language, whereas the non-dominant hemiplegic patients have a homogeneous set of problems. These deficits are in judgment about visuomotor, temporal and spatial concepts and do not respond to any known therapy. This may be due to the patients being unable to generalize in relearning.

From a vocational point of view, the left hemiplegic patients may actually present a greater placement problem than do the aphasic patients.

—Linde Sallee, Lt., AMSC.

TREATMENT OF FRACTURES OF NECK AND OF THE FEMUR. *The Journal of the AMA*, 166:1 (January 4) 1958.

The question of the preferred treatment of fractures of the neck of the femur in institutionalized mentally ill, senile patients is discussed. Removal of the head of the femur and insertion of a metal prosthesis (artificial head with stem) is preferred to Smith-Peterson nailing and the application of plaster cast. The former method permits earlier ambulation "without danger of re-fracture or of displacing the apparatus."

—D. R. Street, Lt., AMSC.

A GUIDE TO THE EVALUATION OF PERMANENT IMPAIRMENT OF THE EXTREMITIES AND BACK. *The Journal of the AMA*, February 15, 1958.

The Committee on Medical Ratings, finding no comprehensive practical system of the type necessary for the evaluation of permanent impairment, either by individual body systems or of the whole man, has undertaken the preparation of a series of guides of which this report, dealing with the extremities and the back, is the first.

—D. R. Street, Lt., AMSC.

Dear Editor:

I refer to the Nov.-Dec. issue of your very fine magazine, Vol. XII, No. 6, and your tribute to Col. Robinson. My congratulations to Col. Robinson. Having read her many articles, I feel she will be a capable leader.

Col. Lee was chief of the physical therapy branch of AMSC prior to being chief of the Corps. We are proud of her and the work she has done. I am sure she would like to be recognized as a physical therapist instead of a dietitian.

Captain, USAR-AMSC.

She is right and our sincere apologies for the editorial malapropism.

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Occupational therapist staff position, preferably some experience in cerebral palsy. Outpatient center, all ages, offering physical therapy, occupational therapy, speech therapy and special education. Some student training program. Annual four weeks paid vacation. Hours: 8:30 to 4:00, Monday through Friday. Salary open. Apply: Miss Modenna M. Brossard, R.P.T., Coordinator, 502 W. Mistletoe Avenue, United Cerebral Palsy Treatment Center, San Antonio, Texas.

Occupational therapist—to initiate OT program in private 272 bed hospital. Salary open; one year experience desirable. Apply: Ivan Kline, Chief PT, Baptist Memorial Hospital, Jacksonville, Florida.

Wanted: a trained or registered occupational therapist to assume supervision of entire OT-RT program in small private psychiatric hospital. Salary open. Contact by mail, Medical Director, Carrier Clinic, Belle Mead, N. J.

Occupational therapist—registered, staff level, 600-bed tuberculosis hospital for the District of Columbia, J.C.A.H.; active rehabilitation program; salary \$4,040 to \$4,980; room \$13.00 month; 8-hour 5-day week; vacation 104 hours per year, 160 hours after 3 years' service; hospital located 15 miles from center of Washington, D. C.; sick leave; retirement; insurance and other fringe benefits available. Write to: Moe Weiss, M.D., Superintendent and Medical Director, Glenn Dale Hospital, Glenn Dale, Maryland.

AJOT, XIII, 1, 1959

Recent registered occupational therapist graduate wanted to develop OT program for new 100 bed psychiatric unit. Write Personnel Dept., Methodist Hospital, 1604 N. Capitol Ave., Indianapolis 7, Indiana.

Wanted: registered occupational therapist to organize new service program for chronically handicapped and mentally retarded. Salary open for discussion. Apply to Beloit Visiting Nurse Ass'n., Beloit, Wisconsin.

Wanted: industrial therapist, man or woman, must be O.T.R. with 1 year of experience. 2 occupational therapists to manage OT shops in expanding program. Research program now underway, looking forward to student affiliation program soon. Attractive university town in mountain and lake setting. Salary range \$340 to \$415 monthly. Social security. Please write for details: Mrs. Alice H. Peden, O.T.R., Director of Rehabilitation Therapies, Utah State Hospital, Provo, Utah.

Yunker Memorial Rehabilitation Center, a 120 bed addition to Iowa Methodist Hospital (which includes Raymond Blank Memorial Hospital for Children) will offer unusual opportunities for registered occupational therapists. Five day, 40 hour week. Liberal benefits. Salary commensurate with training and experience. Opportunity for advancement. Apply Personnel Director, Iowa Methodist Hospital, Des Moines, Iowa.

O.T.R. with administrative experience. Unusual opportunity to develop and direct integrated program of rehabilitation therapies in progressive state hospital with 3,000 patients. Lovely new air-conditioned OT building located in charming city of over half million with rich community potential. Beginning salary \$5,400, with retirement and other benefits. Write Superintendent, San Antonio State Hospital, P.O. Box 1840, San Antonio, Texas.

Occupational therapist, registered, staff level; interested in working with amputees, polios, paraplegics, cerebral palsy and related diagnoses. Rehabilitation hospital with present bed capacity of 65 beds. Planning now underway for expansion of in-patient and out-patient facilities. Progressive personnel policies. Salary commensurate with experience and training. Apply Administrator, Eastern N.Y. Orthopaedic Hospital-School, Inc., 124 Rosa Road, Schenectady 8, New York.

Wanted: O.T.R. for cerebral palsy foundation. Salary open, five (5) day week, one (1) month paid vacation after one year of service, paid holidays, lunch, uniforms, laundry, employee benefits (social security, Blue Cross, Blue Shield), established, well equipped department, air conditioned, pleasant working conditions in a progressive gulf coast city of 140,000 population. Contact (Mrs.) Margaret L. Snyder, Cerebral Palsy Foundation, 1350 Broadway, Beaumont, Texas.

Immediate placement for registered, qualified occupational therapists in rapidly expanding physical medicine and rehabilitation institute serving two hospitals, total 1,000 general medical and surgical beds, in largest centrally located industrial center in Illinois. Experience in supervisory position and in comprehensive rehabilitation center necessary. Write: Administrator, Institute of Physical Medicine and Rehabilitation, 619 North Glen Oak Avenue, Peoria, Illinois.

Rehabilitation services program needs graduate OT's, eligible for later registration. Experience not necessary. Professional growth and satisfaction guaranteed. Excellent starting salary, pension, liberal holidays, vacation and sick leave. Apply for immediate employment to Mr. Stanley Doenecke, Director, Rehabilitation Services, Tuberculosis Hospital, Oak Forest, Illinois.

Occupational therapist for Cerebral Palsy Treatment Center. Fully equipped. Good working conditions. Excellent salary. Scholarship funds available for additional training. Write Herman L. Rudolph, M.D., 400 North Fifth Street, Reading, Pennsylvania.

Occupational therapists needed for expanding department. Beginning salary \$4,368, annual increases, paid vacation, sick leave, retirement benefits; five-day wk. Newly constructed treatment center. Apply: Miss Patsy J. Brittain, O.T.R. Senior Occupational Therapist, Department of Labor and Industries Rehabilitation Center, 4730 32nd Ave. S., Seattle, Washington.

Openings available for staff and supervisory occupational therapists in Minnesota's mental health program—salary \$4440 to \$6072 dependent on experience. Vacancy for rehabilitation therapies supervisor, \$5400 to \$6564—degree plus several years of supervisory experience. Personnel Director, Dept. of Public Welfare, 117 University Ave., St. Paul 1, Minnesota.

Wanted: Registered occupational therapist II (director), salary \$4,472 to \$5,564, depending on qualifications. Relatively new department with growth possibilities. Paid vacation, sick leave, legal holidays, excellent retirement system, group life insurance. Apply: Peter W. Bowman, M.D., Supt., Pineland Hosp. & Training Center, Box C, Pownal, Maine.

Position open in May, 1959, for registered occupational therapist in recently established rehabilitation center in 300 bed general teaching hospital. Large modern occupational therapy department for work with physical disabilities, plus an occupational therapy program in the hospital's new chronic care unit. 40 hours per week, paid vacations, plus other fringe benefits. Salary open. Write Miss Mary L. Barnum, O.T.R., Bronson Methodist Hospital, 252 East Lovell Street, Kalamazoo, Michigan.

Immediate employment for registered occupational therapist in large general hospital. Opening in pediatrics area. Forty hour week, paid sick leave, holidays, three weeks vacation. Good starting salary. Write or contact Dr. Edward E. Gordon, Director, Physical Medicine Department, Michael Reese Hospital, 29th Street and Ellis Avenue, Chicago, Illinois

Two occupational therapists (one male) needed for expanding program. Salary for new therapists is \$4200 with good increments. Vacation is 21 working days, sick leave is 12 days. Contact Harmorville Rehabilitation Center, Pittsburgh 38, Pa.

Registered occupational therapist for large active PM & R department in a general hospital under direction of a qualified psychiatrist. Recognized active residency training program. Liberal salary, laundry and maintenance. Educational and research opportunities. For information write Personnel Officer, Veterans Home and Hospital, Rocky Hill, Connecticut, or contact State Personnel Department, State Office Building, Hartford, Connecticut.

A two-week course entitled "Principles and Practice of Geriatric Rehabilitation" is being offered April 6 to 17, 1959, at Bird S. Coler Hospital, New York City, and sponsored by the department of physical medicine, New York Medical College-Metropolitan Hospital Center.

The course is supported by the United States Office of Vocational Rehabilitation and the New York State Department of Health, and a limited number of scholarships are available.

For further information write:

Dr. Jerome S. Tobis, Director
Department of Physical Medicine and Rehabilitation
1 East 105 Street
New York 29, New York.

Director—O.T.R.—83 bed intensive treatment, short term private psychiatric hospital in Summit, N. J., a residential community 20 miles from New York City. Salary, with increment each 6 months to 3 years of service, to be based on previous experience and current salary. Staff of 3 OT's. Modern facilities in separate building. Additional benefits include Blue Cross hospitalization, sick time, yearly bonus, 3 weeks vacation after 1 year, 4 weeks thereafter, pension program. Write T. P. Prout, Jr., Administrator, Fair Oaks, Summit, N. J.

Immediate openings for O.T.R.'s. One supervisor, one staff therapist—in 300 bed psychiatric teaching hospital. Liberal personnel policies, salary open. Write c/o Inez Huntting, O.T.R., Director of Occupational Therapy, Cleveland Psychiatric Institute and Hospital, 1708 Aiken Avenue, Cleveland 9, Ohio.

Registered occupational therapist; salary range \$3800 to \$5200 annually; yearly increments; 5 day week, 9 a.m. to 5 p.m., 4 weeks vacation, hospitalization, sick leave, other benefits. United Cerebral Palsy of Miami Rehabilitation Center, 1411 N.W. 14th Avenue, Miami, Fla.

We are asking you to join us as a "podner" to carry out a teaching and treatment program in a 68 bed chest hospital. Salary \$4020, scads of benefits, 40 hour week. Rose Marie Wells, Director of Occupational Therapy, University of Texas Medical Branch Hospitals, Galveston, Texas.

Staff occupational therapist for expanding private psychiatric hospital. Starting salary \$4200-4500, depending on experience. Contact Sister Miriam Vincent, Administrator, Saint Vincent's Hospital, Harrison, New York.

Occupational therapist to head department in progressive 236-bed geriatric institution. New OT facilities to be added to unit in 1959. Salary open. Contact Mr. Charles Boyer, Superintendent, Peoria County Nursing Home, Peoria, Illinois.

OTR's wanted immediately for psychiatric positions in both the adult and children's sections of Allentown State Hospital. OT-I salary \$4,329-\$5,529. Graduation OT school required. OT-II salary \$4,773-\$6,090, minimum two years' experience. Benefits include: civil service status, retirement plan, three weeks vacation, thirteen paid holidays, liberal sick leave policy. Write: Patient Activities Coordinator, Allentown State Hospital, Allentown, Pa.

Challenging position for 1 OTR on full time. New unit that hopes to become progressive rehabilitation center. Entire center and operation new. OT to continue and expand on existing program. Salary open. 40 hour week. All sports available and great Northwest scenery. Apply: Spokane Rehabilitation Center, North 3128 Hemlock, Spokane 13, Washington.

Registered occupational therapist for 53-bed progressive Jewish home for older chronically sick people. New building, excellent facilities, rehabilitation team approach. Salary \$4,000.00 plus other benefits. Contact Leon R. Cantor, Executive Director, Beth Shalom Home of Virginia, Libbie & Fitzhugh Aves., Richmond 26, Virginia.

Immediate opening for registered occupational therapist at university medical center department of psychiatry. Modern teaching hospital with 54 beds. Work in close cooperation with psychiatric training program. Well equipped facilities. Situated in small university town with unusual cultural and recreational facilities. Salary \$3516 to \$4312. Three weeks paid vacation plus holidays, two weeks sick leave and benefits. Write for details and applications to George C. Ham, M.D., Chairman, Department of Psychiatry, University of North Carolina, Chapel Hill, N. C.

Occupational therapists for California state hospitals. Progressive program presents opportunities for imaginative, resourceful therapeutic activities. OTR works as member of professional team toward goal of total rehabilitation of the individual patient. No experience required to start at \$376; promotions possible to \$644. Liberal employee benefits. Write State Personnel Board, 801 Capitol Avenue, Sacramento, California.

Registered occupational therapists for new admission building in psychiatric hospital 12 miles out of Boston. Salary range \$3,497-\$4,511. For further information contact: Miss Helen Storr, O.T.R., Head Occupational Therapist, Metropolitan State Hospital, Waltham 54, Mass.

Occupational therapist: Immediate placement with state crippled children's program. Full team approach. Car provided, 4 weeks' vacation, merit system increments, retirement benefits. Salary: OT-I, \$4,500-\$5,220; OT-II, \$4,860-\$5,580. Staff of 4 physical therapists and 2 occupational therapists under orthopedic supervision. Write to Dr. Jack Sabloff, Director, State Board of Health, Director, Division of Crippled Children's Services, Dover, Delaware.

Registered occupational therapist: rehabilitation center for occupational therapy. Serving all types of physical disabilities, interesting program. Salary \$3,600 per annum, one month annual leave, pleasant working conditions. Write Mrs. Hazel Beatty, 12 East Boulder, Colorado Springs, Colorado.

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Openings for two O.T.R.'s—beginning or experienced. Participate in a program of total psychiatric treatment and rehabilitation, also in federally-sponsored research project in rehabilitation. Opportunity for in-service professional training. Complete maintenance \$40.00 per month, 2 weeks vacation, 40 hour week, liberal sick and ret. benefits under civil service, \$4100-\$5000. Hospital near center of Salem, the beautiful capital city. Write Mr. Miller, O.T.R., Oregon State Hospital, Salem, Oregon.

Staff therapists interested in working with orthopedic and neurological disabilities in new accredited rehabilitation hospital with 64 beds plus very active out patient case load. Children and adults. Opportunity to expand program. Pre-vocational evaluation unit being developed. Write: J. Patrick Thompson, Administrator, Charlotte Rehabilitation Hospital, 1610 Brunswick Avenue, Charlotte 3, N. C.

Occupational therapist—out-patient clinic treating all handicapping entities. Salary, depends on experience. Primarily interested in developing program of pre-vocational and vocational training of physically handicapped adults. Testing for ADL, administering of all OT modalities with accent on functional approach: attendance at all medical clinics. Experience desired. Personal interview desired. Apply to Edmund S. McLaughlin, Executive Director, Bridgeport Chapter, Inc., Connecticut Society for Crippled Children & Adults, 85 Park Avenue, Bridgeport 4, Conn.

Occupational therapist positions located throughout the State of Md. Graduation from college, plus completion of at least a nine month course in an accredited school of occupational therapy. Registration by the American Occupational Therapy Assn. Md. residency not required. Present salary scale \$3832-4597 (Max. in 5 yrs.). Early in 1959 new salary \$4040-\$4850. Contact State Commissioner of Personnel, 31 Light St., Baltimore 2, Md., by Feb. 28th.

Male O.T.R. for supervisory position in a 3500 bed psychiatric hospital. Large, well-equipped clinics, and ward OT program. Pre-vocational program now started and student affiliations being sought. Salary \$4046 to \$5256, paid hospitalization, vacation and sick leave. Civil Service. Contact Clive Krygar, Jr., Director of OT, Essex County Overbrook Hospital, Cedar Grove, New Jersey.

Registered staff or senior therapist position available at a comprehensive rehabilitation hospital. Work week 35 hours. Annual and sick leave granted. Salary open. Arthur E. White, M.D., Physiatrist, National Orthopaedic and Rehabilitation Hospital, 2455 Army-Navy Drive, Arlington, Virginia.

Occupational therapist wanted to direct well-organized program in a new rehabilitation center now under construction in Thermopolis, Wyoming. Approach will be that of total rehabilitation with physical, occupational, and speech therapists and vocational counselor, under the supervision of a physiatrist. Salary \$350 to \$400. Write Gottsche Rehabilitation Center, Thermopolis, Wyoming.

Immediate opening for qualified registered occupational therapist, 400 bed tuberculosis sanitarium. Beginning salary \$337 monthly with periodic increases; 40 hour week; 2 weeks vacation; 11 paid holidays. Student training program. Hospital in medical center, easily accessible. Apply: Dr. Karl H. Pfuetze, Medical Director, 1919 West Taylor Street, Chicago 12, Illinois.

Occupational therapist—to supervise and work in pre-vocational evaluation and training center. Must be interested in vocationally oriented program. No arts and crafts. Work on interdisciplinary team engaged in demonstration and research project in the vocational rehabilitation of homebound youth. Candidate must have good experience, preferably in rehabilitation center. \$7,000 per year. Write to: Milton Cohen, Executive Director, Federation of the Handicapped, 211 West 14th St., New York 11, N. Y.

Position open: OTR, female with experience in physical disabilities to work in an expanding program in a general hospital. Write: Margaret M. Kenrick, M.D., Georgetown University Hospital, 3800 Reservoir Road, N.W., Washington 7, D.C.

Wanted: Occupational therapist for supervision of OT-RT program in large geriatric institution. Write: Leon Kalson, Executive Director, Jewish Home for Aged at Pittsburgh, Browns Hill Road, Pittsburgh, Pa.

Immediate openings for one supervisor and one staff occupational therapist in progressive psychiatric center associated with University of Michigan Medical School. Four units for intensive treatment of children, adolescents, and adults, with occupational and recreational therapy supervisors on each unit. Staff opening is in children's unit, and supervisor is needed for veterans' readjustment center. Student affiliation center. Generous personnel benefits; salary commensurate with experience. Requirements: college degree; O.T.R. Address communications to: Personnel Department, University Hospital, University of Michigan, Ann Arbor, Michigan.

Opening available for senior occupational therapist in the Institute for the Crippled and Disabled, a comprehensive rehabilitation center. For further information contact: Miss Thelma L. Wellerson, O.T.R., Director of Occupational Therapy, 400 First Avenue, New York City 10, N. Y.

Occupational therapist, registered, for 70 bed progressive children's orthopedic rehabilitation center. New facilities now being planned. Living-in accommodations or commute to New York. Write: Executive Director, Blytheville, Valhalla, N. Y.

Senior therapist with at least six years of experience. Private mental hospital in Philadelphia. Salary open. Write Mrs. Kathryn K. O'Brien, Director of Adjunctive Therapies, Philadelphia Psychiatric Hospital, Ford & Monument Avenues, Philadelphia 31, Pennsylvania.

OTR to work in Louisville cerebral palsy out-patient treatment center. Salary open and based on experience. Experience in comprehensive rehabilitation of the cerebral palsied child or young adult preferred, but not required. Contact Rex O. McMorris, M.D., Medical Director, United Cerebral Palsy of Greater Louisville, 600 East Broadway, Louisville 2, Kentucky. JUniper 3-4804.

Occupational therapist for expanding department. Beginning salary \$4,120 to \$4,800. Good personnel policies, paid vacation, sick leave, Blue Cross-Blue Shield, annual salary increment, 37½ hour week. Crossroads is in a beautiful new building, well equipped and nationally recognized as a leader in the field of rehabilitation. This is a real opportunity. Write Roy E. Patton, Executive Director, Crossroads Rehabilitation Center, 3242 Sutherland Avenue, Indianapolis, Indiana, or call WALnut 6-2482.

Wanted—registered occupational therapist for a progressive rehabilitation center, in and out patient, full rehabilitation team, educational, dynamic OT program stressing functional therapy, ADL training, homemaking and pre-vocational. Located 25 miles from New York City. Contact Miss Joan Casperson, O.T.R., Burke Foundation, Mamaroneck Ave., White Plains, New York.

OTR for staff position, out-patient CP diagnostic and treatment center. Part-time, salary \$3000, with promise of full-time employment in January, 1960. Excellent working conditions, two and one-half months vacation. Contact Robert Schlitt, Peninsula Cerebral Palsy Training Center, 901 24th Street, Newport News, Virginia.

Chief OT in GM&S hospital and geriatric home. Set-up own new department. Starting salary \$5500.

Staff OT interested in recreation aspect of OT. Starting salary \$4900.

Liberal personnel policies, vacation. Write Executive Ass't., Physical Medicine Dept., St. Nicholas Hospital, Sheboygan, Wisconsin.

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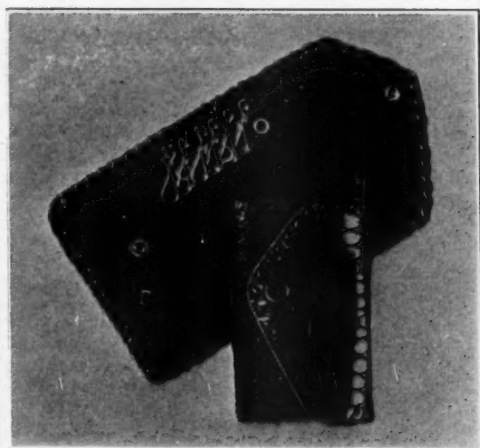
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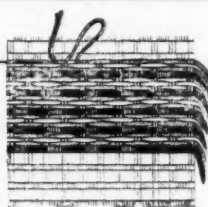
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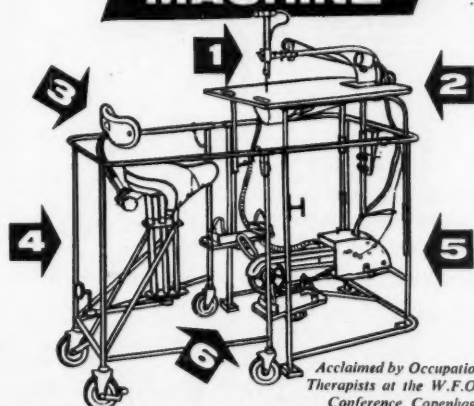
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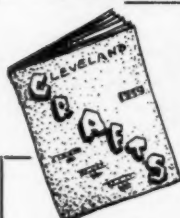
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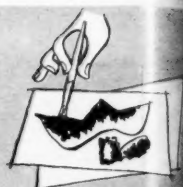
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STENCIL

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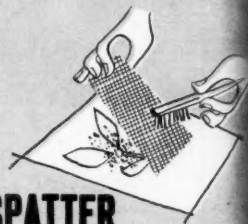


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For a variety of textured and unusual decorative pieces mix Prang Powder Tempera and Staley Liquid Starch to a paste-like consistency. Dip damp sponge into the paint and daub on the paper with freedom. The pattern of the sponge and the texture of the color built-up makes many exciting designs.

BRUSH

For Dripless Easel Painting, just dip the brush into dry Prang Powder Tempera Colors arranged in front of you in paper cups. Then dip into pan of Liquid Starch and apply to the paper immediately. The work progresses with added zest and spontaneity for exciting exhibit pieces. *You will like it too because there is no mess!*



SPATTER

Attach design or stencil to the surface to be decorated. Mix Prang Powder Tempera and Staley Liquid Starch with water to desired consistency that will work easily with a hand sprayer. Applied with varying pressures gives you striking effects.



SPONGE

Mix Prang Powder Tempera with Staley Liquid Starch to a paste-like consistency. Pour mixed color in screen frame and follow regular procedure for registering and printing.



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